

SUBSTANCE MISUSE NEEDS ASSESSMENT

October 2022

WE ARE NEWHAM.

CONTENTS

Slides	Index
2	<u>Contents</u>
3-4	<u>Introduction</u>
5-14	<u>Multi-Agency Safeguarding Hub (MASH)</u>
15-25	<u>Adults in treatment – Demographics & trend</u>
26-34	<u>Adults in treatment – Service Performance</u>
35-43	<u>Unmet Need – Not in treatment</u>
44	<u>Youth Empowerment</u>
45-47	<u>Audit C</u>
48-49	<u>Hospital admissions - Introduction</u>
50-53	<u>Hospital admissions – national data</u>
54-64	<u>Hospital admissions – local data</u>

Slides	Index
65-73	<u>Alcohol related admissions</u>
74-85	<u>Drug related admissions</u>
86	<u>Hospital admissions summary</u>
87-94	<u>Substance misuse mortality</u>
95-109	<u>Rough Sleepers</u>
110-113	<u>Prison release populations</u>
114-117	<u>Access to alcohol</u>
118-121	<u>Substance misuse and crime</u>
122-130	<u>Vaping and e-cigarettes</u>
131	<u>Data limitations</u>
132	<u>Acknowledgements</u>

INTRODUCTION

What is substance misuse?

“The use of psychoactive substances in a way that is harmful or hazardous to health”

These substances include alcohol and illicit drugs such as heroin, cocaine, crack, cannabis

Why is this a problem?

The use of such drugs can lead to dependency where cognitive, behavioural and psychological problems develop

These problems include a strong desire to take the drug with difficulty in controlling use

What are the implications for the person?

Increased tolerance for the drug – the ability to take more and more without a harmful reaction

Symptoms from withdrawal

A higher priority given to drugs than other priorities in life

May affect job, personal life, safety

INTRODUCTION 2

What does this needs assessment aim to do?

Identify those most at risk within our population

Identify “hidden harm” – those who are not supported or are slipping through the net

Identify where there may be gaps and how these could be improved

Who does this include?

Anyone in the population in need of support

Children and young adults who are affected through parental/older sibling substance misuse

Who gets involved?
Data from:

GPs

Prisons

MOPAC

MASH

Community Mental Health Services (ELFT)

Newham Integrated Rough Sleeper Service

Hospitals

Met police

Residents

CGL/
Newham Rise

Build on Belief

Multi-Agency Safeguarding Hub (MASH) Data

WE ARE NEWHAM.

WHAT IS MASH?

- Safeguarding is “the protection of a citizen’s health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect” (Source: NHS England, About NHS England Safeguarding)
- Safeguarding children, young people and adults is a collective responsibility
- Those most in need of protection include:
 - Children and young people
 - Adults at risk, including those receiving care in their own home
 - People with physical, sensory and mental impairments
 - Those with learning disabilities
- Anyone can contact MASH if they have concerns about children or adults
- The MASH service includes representatives from Children’s Social Care, Adult Social Care, Early Intervention, Community Health, Housing, Hestia, Education, Probation, Youth Offending Teams and Newham Police
- Each team will check the information they hold about a person and make a decision together regarding which team should respond
- MASH concerns could include physical/emotional/sexual abuse, neglect, domestic violence, forced marriage, FGM, radicalisation, child sexual exploitation

WE ARE NEWHAM.

NOTES AROUND THE DATA



- Not all cases referred have an outcome factor due to recording issues within the service
- Of over 16,000 contacts that have been received to date, 7665 of these had no end factor, however a fifth of the 7665 went on to become referrals to statutory social care
- This indicates there must have been some factors present, however they were not recorded
- Using this information for needs assessments must therefore be accompanied by a caveat that the data relies very much on the diligence of the workers completing the assessment forms
- An audit has been suggested to look at the quality of recording of factors at both the MASH and the assessment phases of the child's journey

WE ARE NEWHAM.

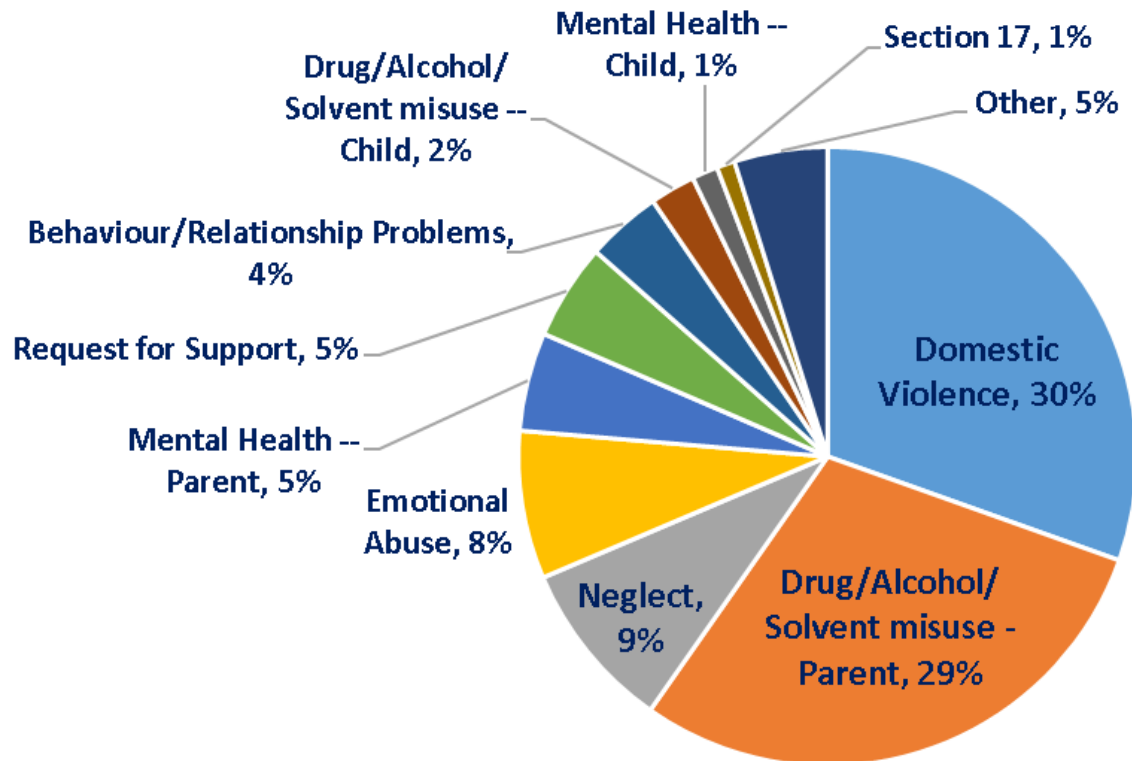


PRESENTING ISSUES AND FACTORS



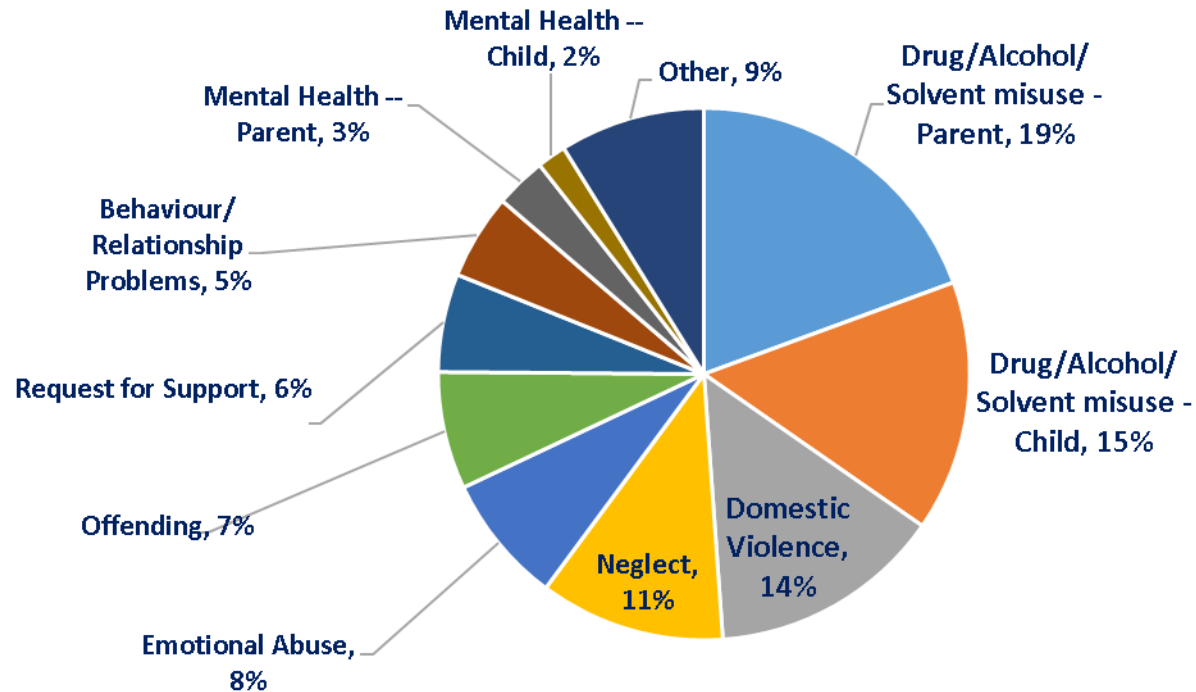
- The data held in MASH includes presenting issues and factors
- Factors are the outcomes recorded following consultation with the person, and may differ from those in the initial referral
- For example, a person may be referred with a domestic violence concern and the outcome factor is found to be alcohol misuse
- The graphs on the following slides show outcome factors for drugs and alcohol, and the presenting issues

OUTCOME FACTOR: ALCOHOL MISUSE



- The pie chart shows the top 10 presenting issues where alcohol was an outcome factor
- 95% of referrals make up the top 10 presenting issues (n=1403/1475)
- **30% of presenting issues were actually for domestic violence (n=449)**
- 29% (n=432) were for substance misuse concerns around a parent
- 9% were around neglect (n=131)
- 8% for emotional abuse (n=114)

OUTCOME FACTOR: DRUG ABUSE



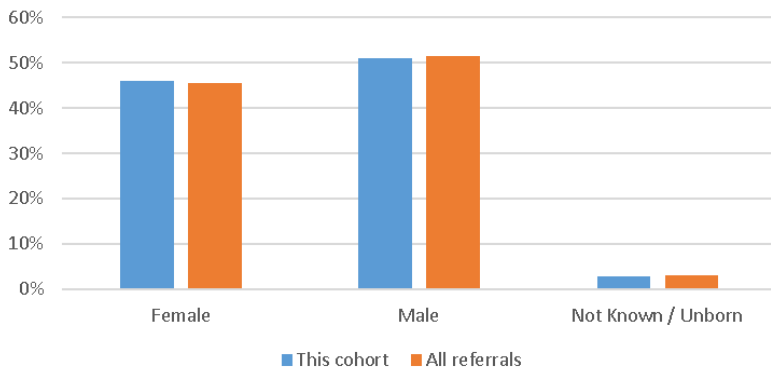
- The pie chart shows the top 10 presenting issues where drug misuse was an outcome factor
- 91% of referrals make up the top 10 presenting issues (n=1649/1809)
- 35% (n=627) presented with substance misuse issues, with either concerns for parent (n=351) or child (n=276) (if child, it could be related to older siblings for example)
- 14% were initially referred for domestic violence concerns (n=257)
- 11% were referred for neglect (n=204)

PRESENTING ISSUES AND FACTORS

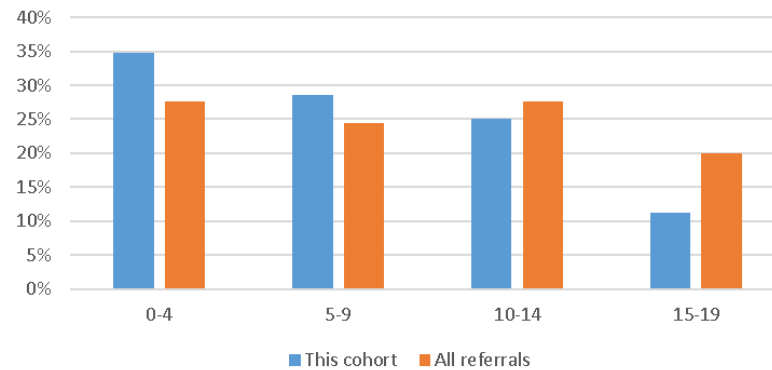


The following graphs show the demographic breakdown of those who were referred for domestic violence and neglect (the 2 highest initial factors apart from solvent misuse) **but** with an **outcome factor of drugs/alcohol misuse** – either by parents or siblings

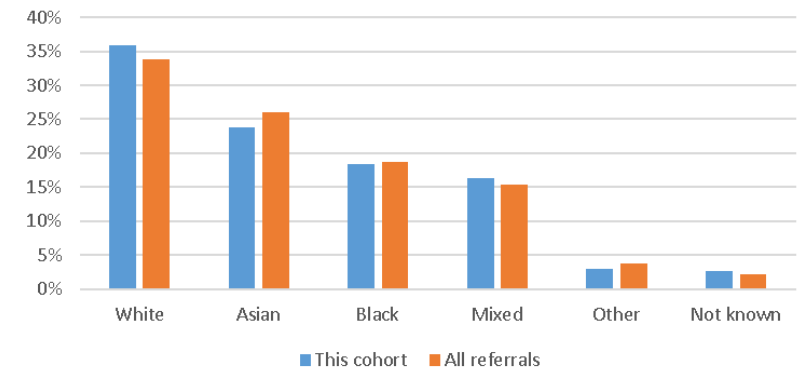
Proportion comparison by gender
This cohort compared with all referrals



Proportion comparison by age band
This cohort compared with all referrals



Proportion comparison by ethnicity
This cohort compared with all referrals



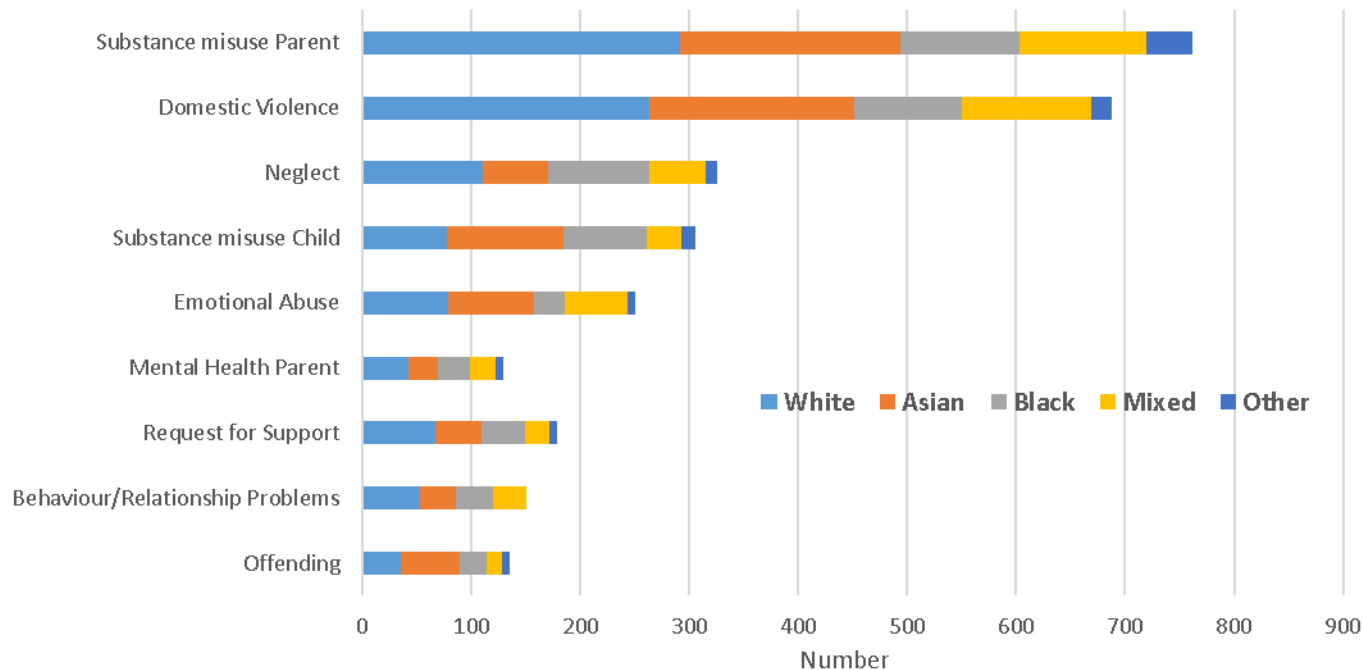
Just over half of these cases were male which is the same for all referrals (51%)

A majority were in the 0-4 age category (35%) which is **higher** than the proportion for all referrals at 28%

A majority were in the White ethnic category, the proportion being slightly **higher** than that of all referrals

MAIN PRESENTING FACTORS

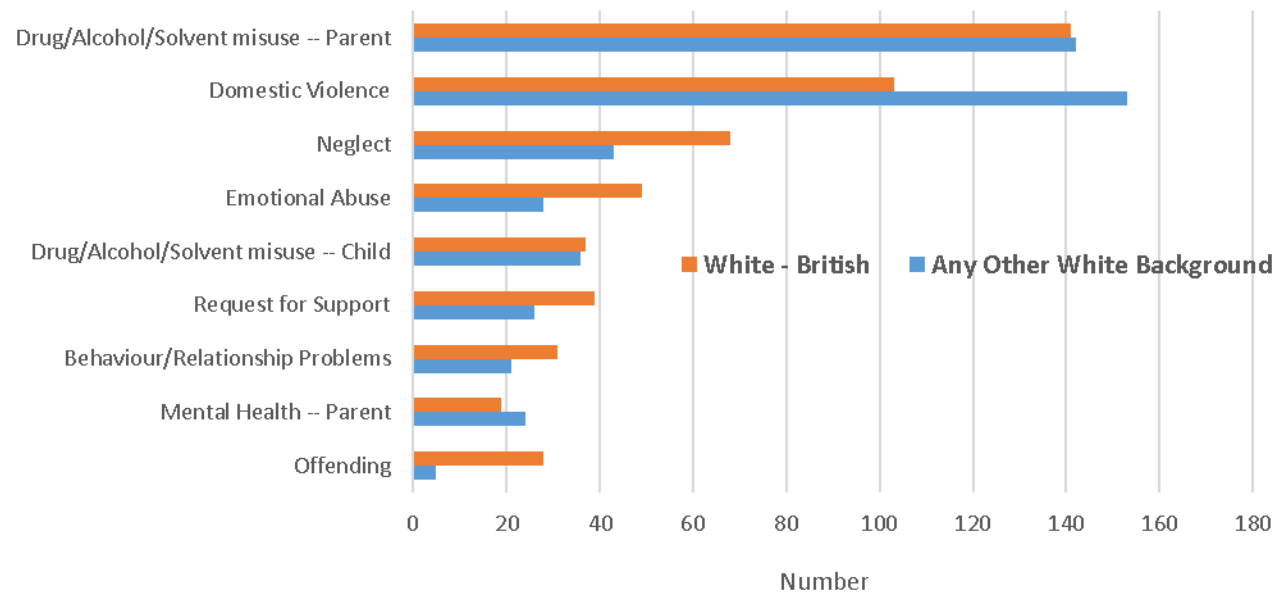
Presenting Factors by broad ethnic group



- The chart shows the top 9 presenting factors by broad ethnic group
- Those of White ethnicity make up a large proportion of substance misuse (parent) and domestic violence presenting factors
- Those of White ethnicity make up 34% of the top 9 presenting factors
- The following slide shows a breakdown of the White ethnicity group

MAIN PRESENTING FACTORS

Presenting factors - White ethnicity



- The chart shows a breakdown of the two main White ethnic groups, White British and White – Other
- White Irish/Traveller/Roma/Gypsy were excluded from this chart as they only made up 3% of the referring factors
- White ethnicity has been split in order to recognise the high number of White Other presentations as well as White British

MASH SUMMARY

- **30%** of presenting issues where alcohol was an outcome factor were for **domestic violence**
- **29%** of presenting issues where alcohol was an outcome factor were for **substance misuse concerns around a parent**
- **9%** of presenting issues where alcohol was an outcome factor were for **neglect** and **8%** for **emotional abuse**
- **14%** of presenting issues where drug abuse was an outcome factor were for **domestic violence concerns** and **11%** were for **neglect**
- There was a slightly higher proportion of drugs as presenting issues where drug abuse was an outcome factor (35%) compared to 31% where both the presenting issue and outcome factor were alcohol misuse
- Drug/alcohol misuse is rarely the reason for a contact to MASH, however what brings a child or adult to the attention of the services is the manifestation of behaviours as a result of these issues

Newham substance use adults in treatment

Demographics and trend

What is substance misuse?

These slides will discuss the health impacts of substance misuse of opiates, alcohol, or both.

Substance misuse

Substance misuse refers to regular use of alcohol or drugs which may be causing issues in their life that may affect their job, personal life, or even their safety. People who misuse drugs and alcohol do it regardless of the consequences.

Substance dependence

Also known as addiction. Symptoms of substance dependency include developing a tolerance for the drug, going through withdrawal symptoms without it, and struggling to cut back on it.

Opiates

Opioids are a broad group of pain-relieving drugs that work by interacting with opioid receptors in your cells. At higher doses, opiates can slow your breathing and heart rate, which can lead to death. And the feelings of pleasure that result from taking an opioid can make you want to continue experiencing those feelings, which may lead to dependency or addiction.



WE ARE NEWHAM.

Summary of CGL services



- Drug and alcohol services in Newham

- Rough sleepers support service

Provide data to NDTMS to enable drugs and alcohol benchmarking for adults and children

WE ARE NEWHAM.

Substance misuse treatment categories

- **Opiate only** – those in treatment for drugs that derive from opium, including heroin, codeine, and morphine
- **Non-opiate only** – those in treatment for drugs other than opiates, including cannabis, cocaine, crack cocaine, ecstasy/MDMA, ketamine, amphetamines, steroids, and psychoactive substances such as spice
- **Alcohol only** – those in treatment who drink in a way that is harmful or are dependent on alcohol
- **Alcohol and non-opiate** – those in treatment for both non-opiate use and alcohol dependency

Newham adults (18+) in treatment

Number in treatment, completing treatment, and re-presentations

Number in treatment:
01/04/2021 to 31/03/2022

Opiate only: 749

Non-opiate only: 185

Alcohol only: 386

Alcohol and non-opiate: 248

TOTAL: 1,568

Number successfully completing treatment*:
01/04/2021 to 31/03/2022

Opiate: 22 (3%)

Non-opiate: 47 (25%)

Alcohol: 117 (30%)

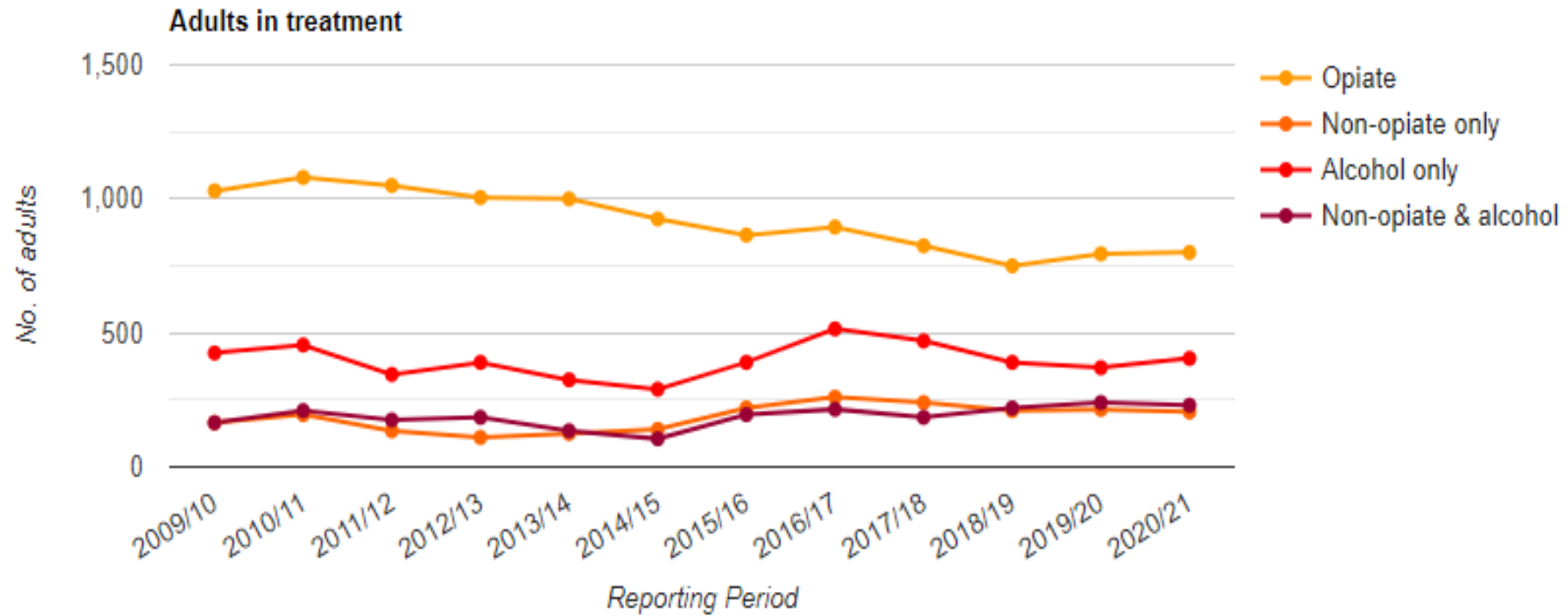
Alcohol and non-opiate: 55 (22%)

TOTAL: 241 (15%)

*Completed refers to successfully completing treatment and not re-presenting within 6 months

Newham adults in treatment (18+)

Trend 2009/10 – 2020/21



Number of opiate users in treatment has declined since 2010/11 from around 1000 to 750 users in treatment. Other substance misuse treatment services have remained steady.

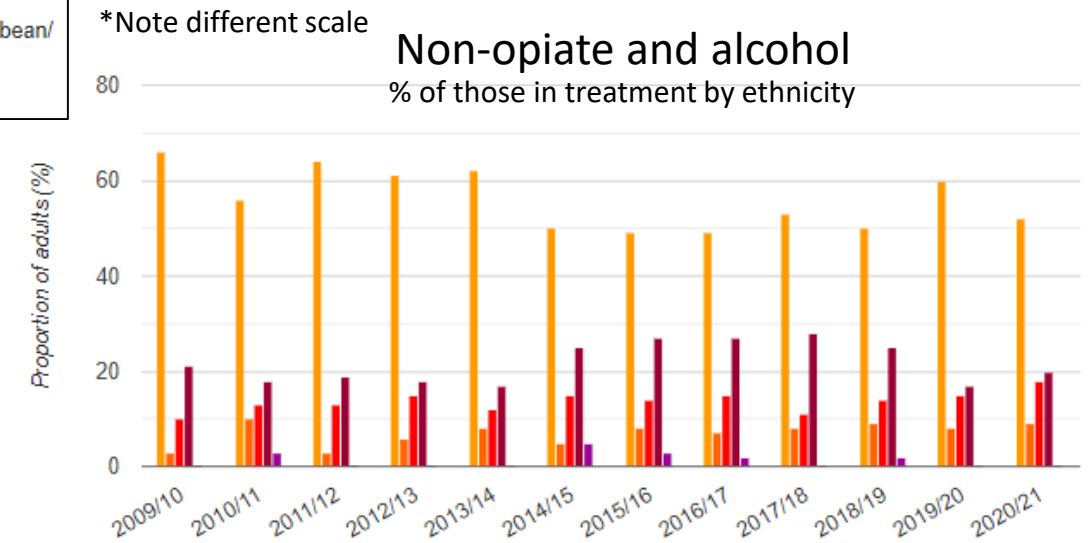
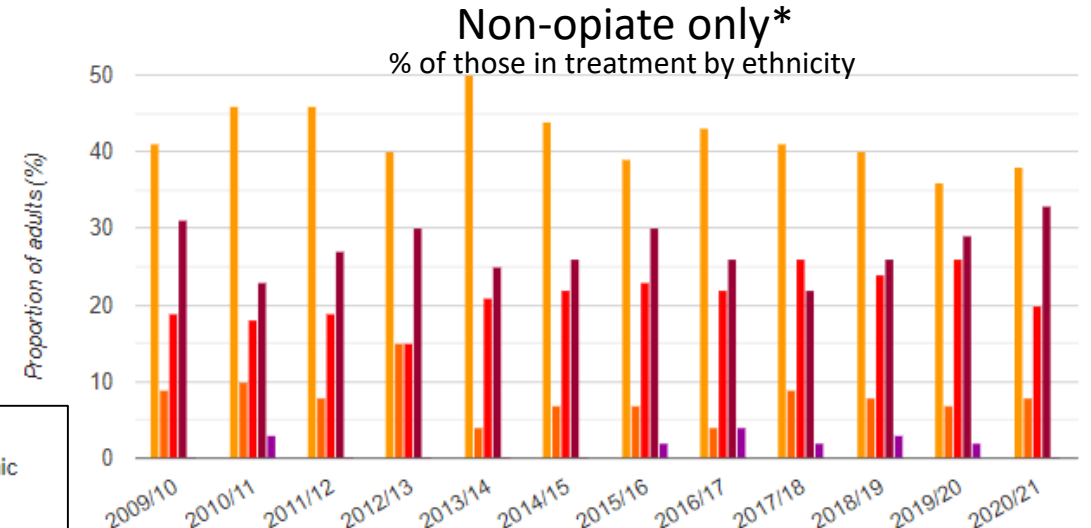
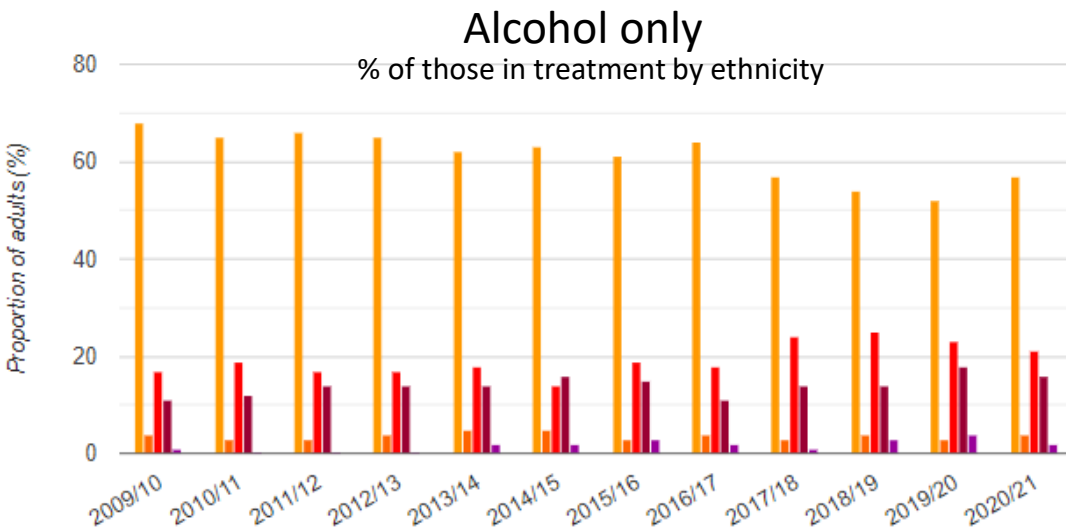
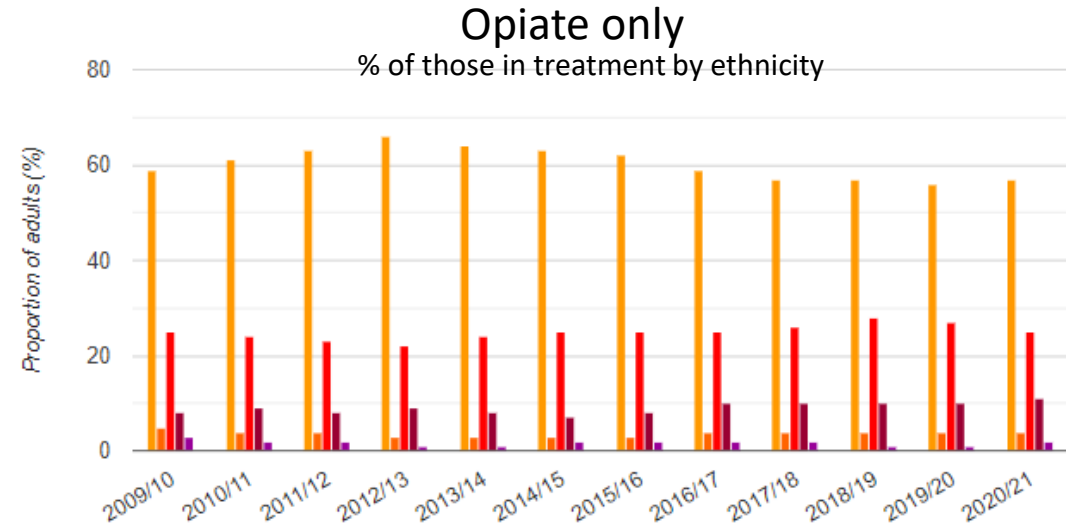
WE ARE NEWHAM.



Source: NDTMS

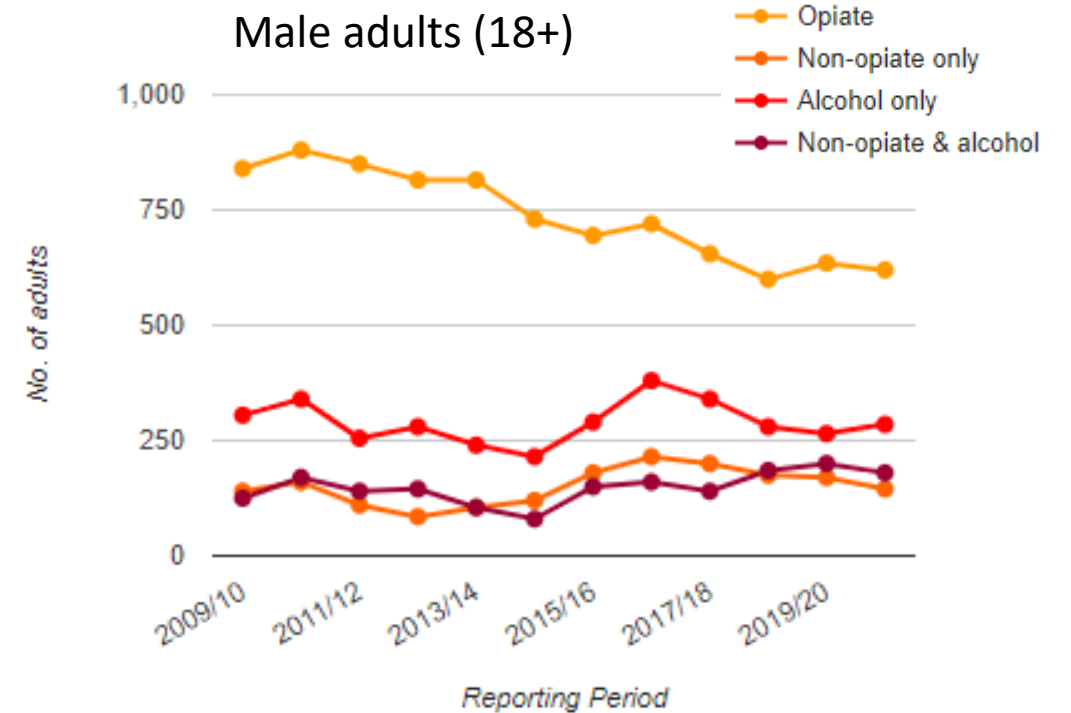
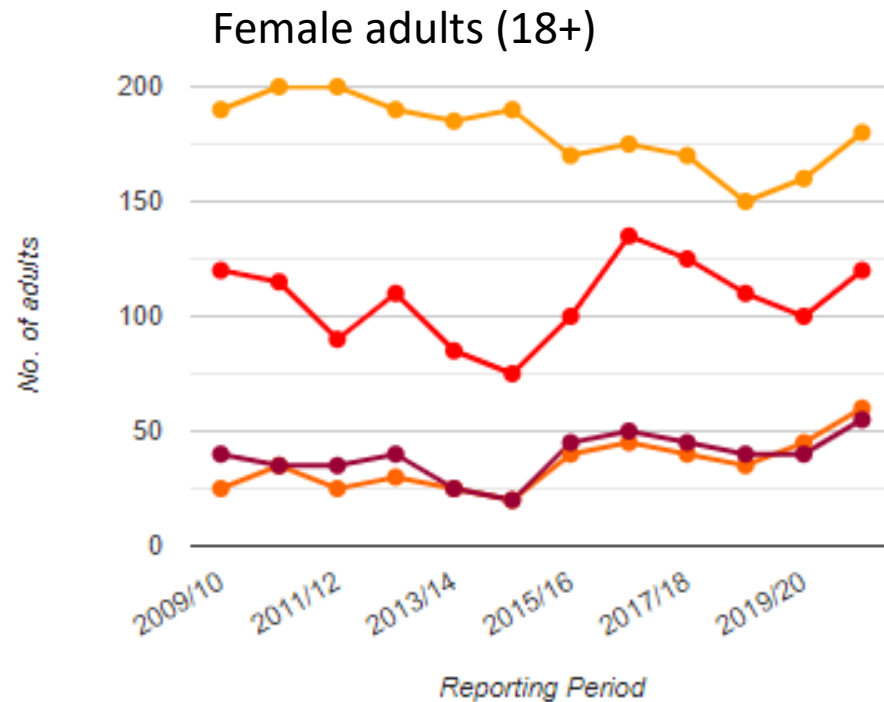
Newham adults in treatment (18+)

Trend by substance misuse category, by ethnicity 2009/10 – 2020/21



Newham adults in treatment (>18)

Overall 2009/10 – 2020/21 by gender



Note: y-axis scales are different

There are more men than women in treatment for all substance misuse services, especially for opiate use.

WE ARE NEWHAM.



Source: NDTMS

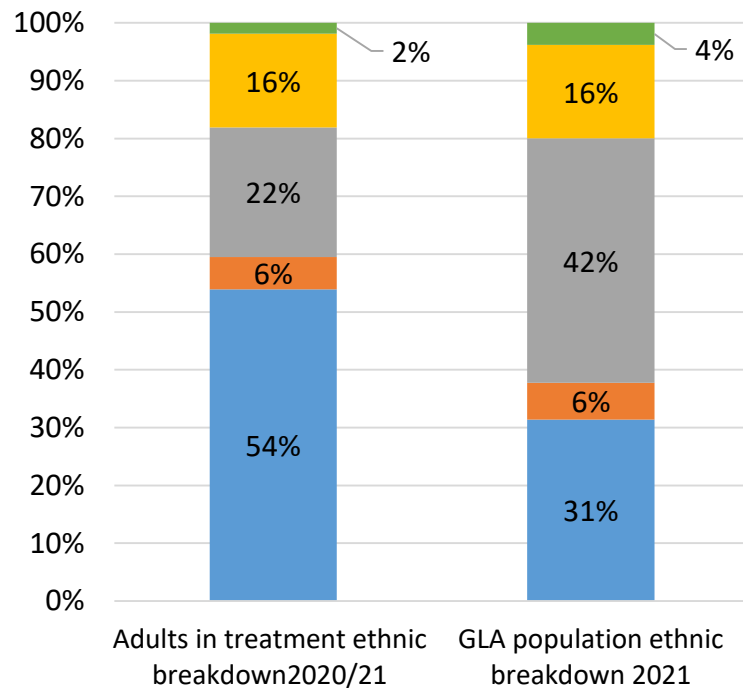
Newham adults in treatment (>18)

Overall 2014/15 – 2020/21 by ethnicity

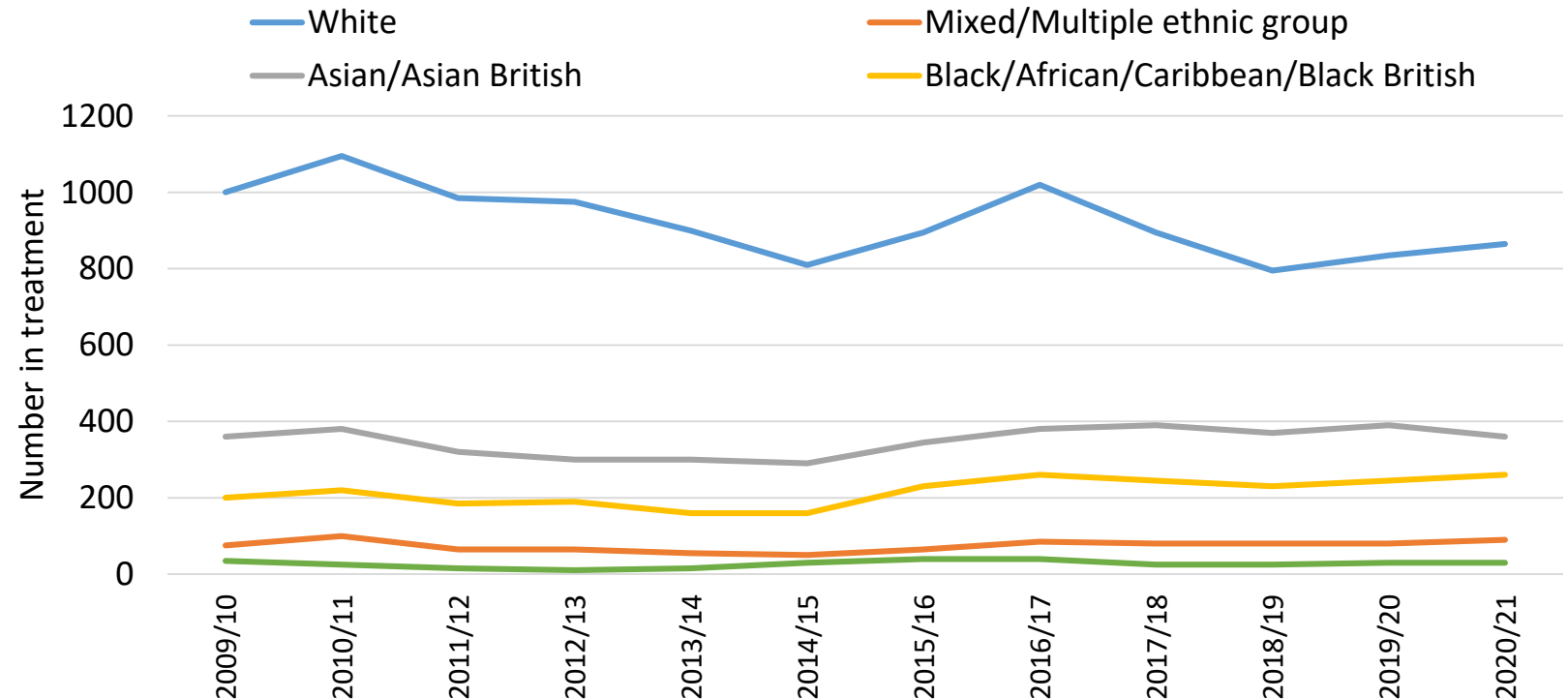


Compared to Newham's population breakdown, the number of adults in treatment are disproportionately more white (over half). This has remained consistent since 2009/10.

Newham adults in treatment compared to general population ethnicity, 2021



Number of Newham adults in treatment by ethnicity 2009/10 – 2020/21



Source: NDTMS

Adults with substance misuse living with children

In treatment who live with children under the age of 18 (proportion compared to total new presentations)

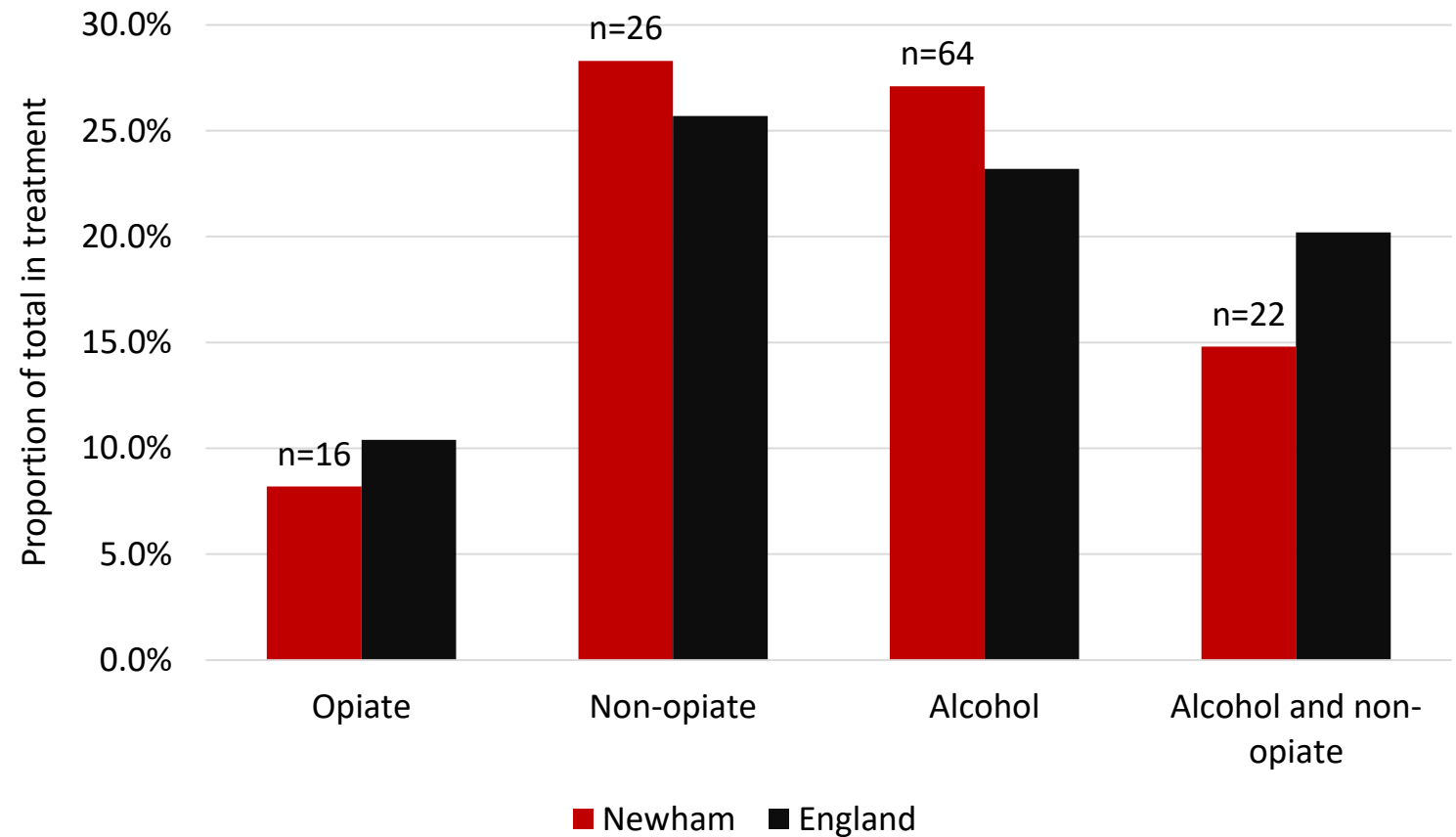


Among all clients in treatment, 128 (19%) live with children under the age of 18. Of these, 16 (13%) are in treatment for opiates.

Over 1 in 4 clients in treatment for alcohol dependence live with children under the age of 18, slightly higher than the England average.

WE ARE NEWHAM.

Percent of clients in treatment who live with children aged under 18 between 01/04/2021 to 31/03/2022

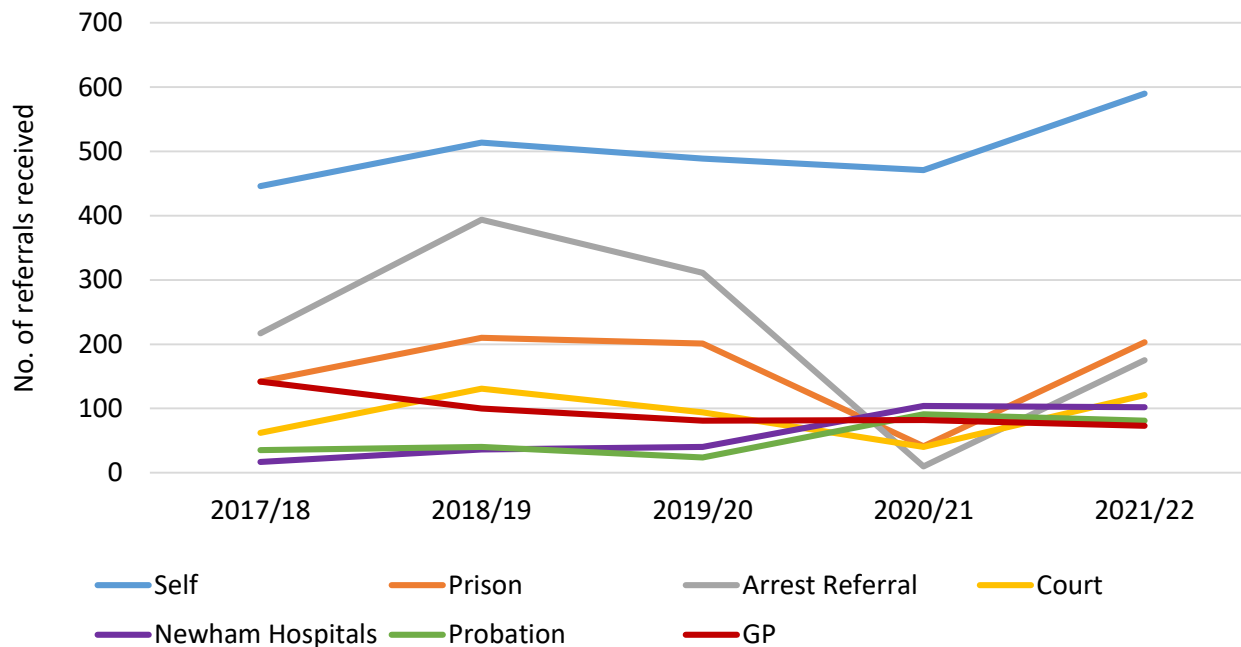


CGL referrals received

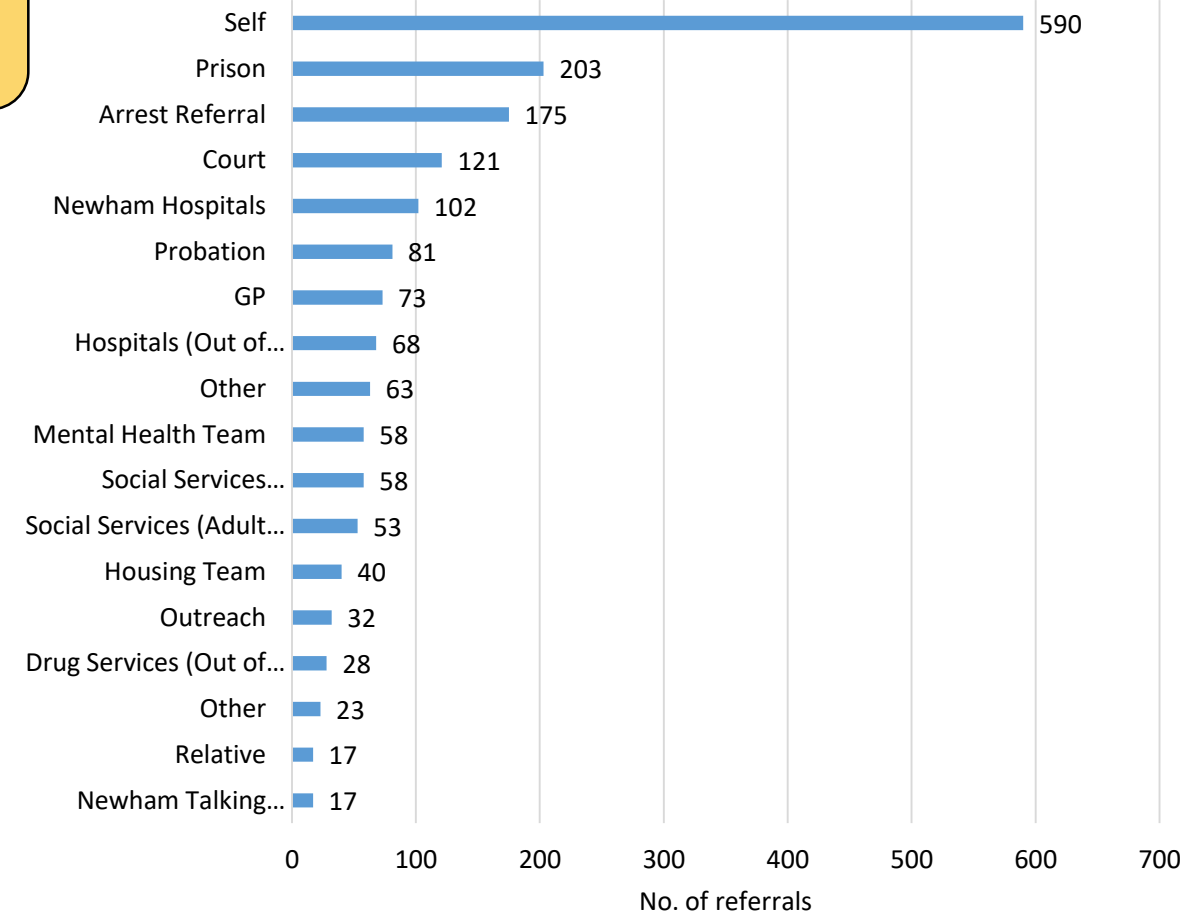
By referral source

- Most CGL referrals are self-referrals. Between 2017/18 and 2019/20 there was also a high number of arrest referrals, but this dropped significantly in 2020/21.
- Prison and Court referrals also dropped in 2020/21.

CGL referrals received source between 2017/18 to 2021/22
(6 most common sources shown over time)



Number of adult CGL referrals received by source (2021/22)



Newham substance misuse adults in treatment

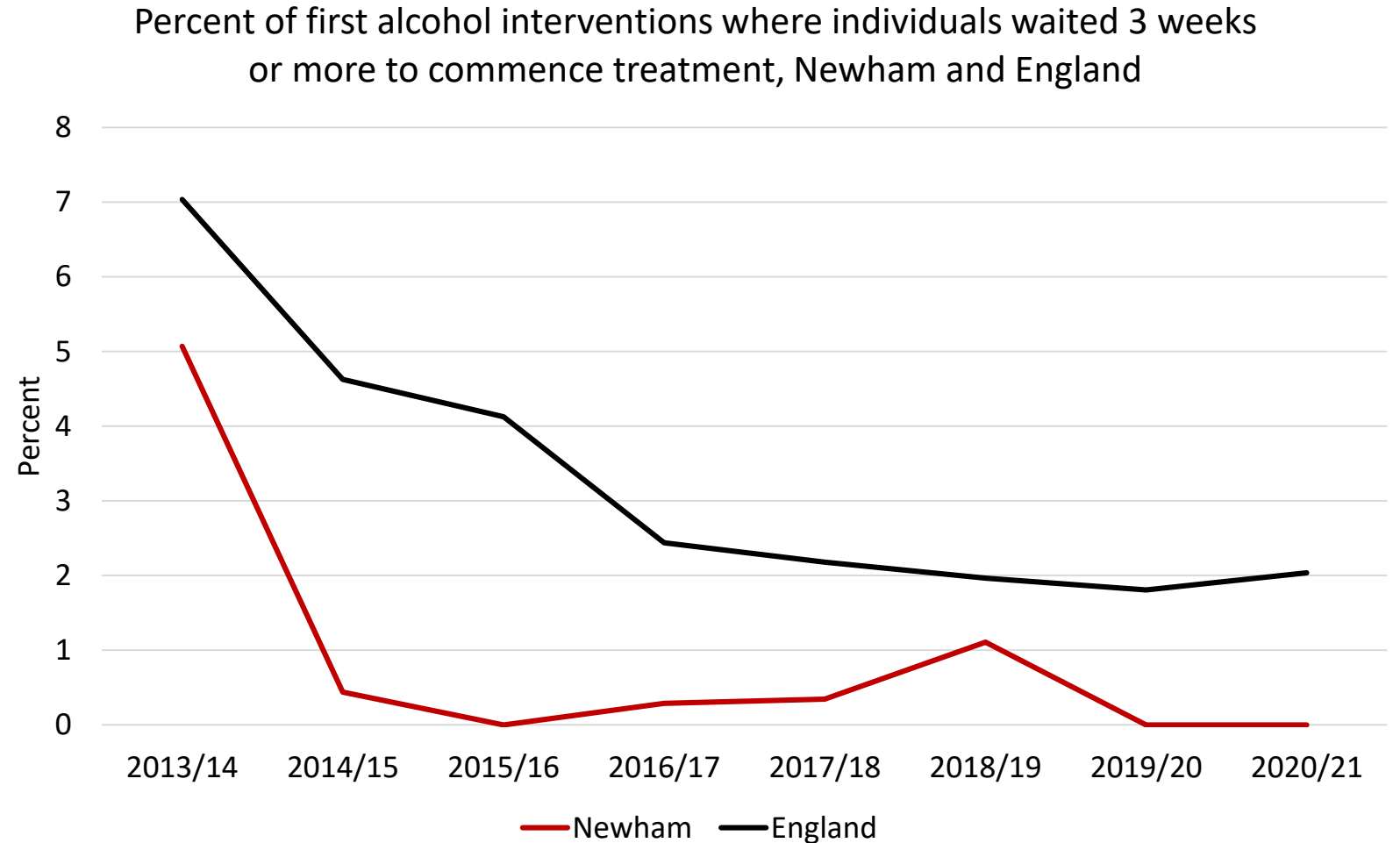
Service performance

Alcohol dependency

Waiting 3 or more weeks for treatment

The percent of first alcohol interventions waiting 3 weeks or more has decline in both England and Newham since 2013/14.

In 2020/21 no one in Newham waited 3 weeks or more to start treatment.



WE ARE NEWHAM.

Opioid and crack cocaine use

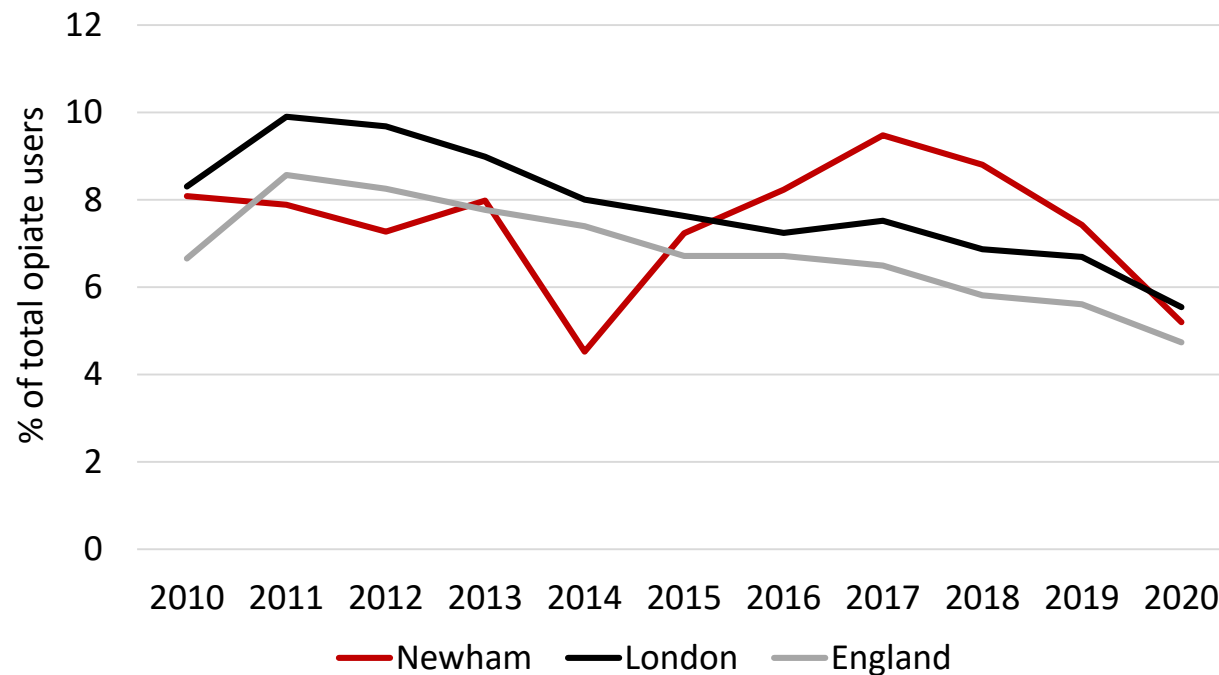
Treatment success and waiting 3 or more weeks



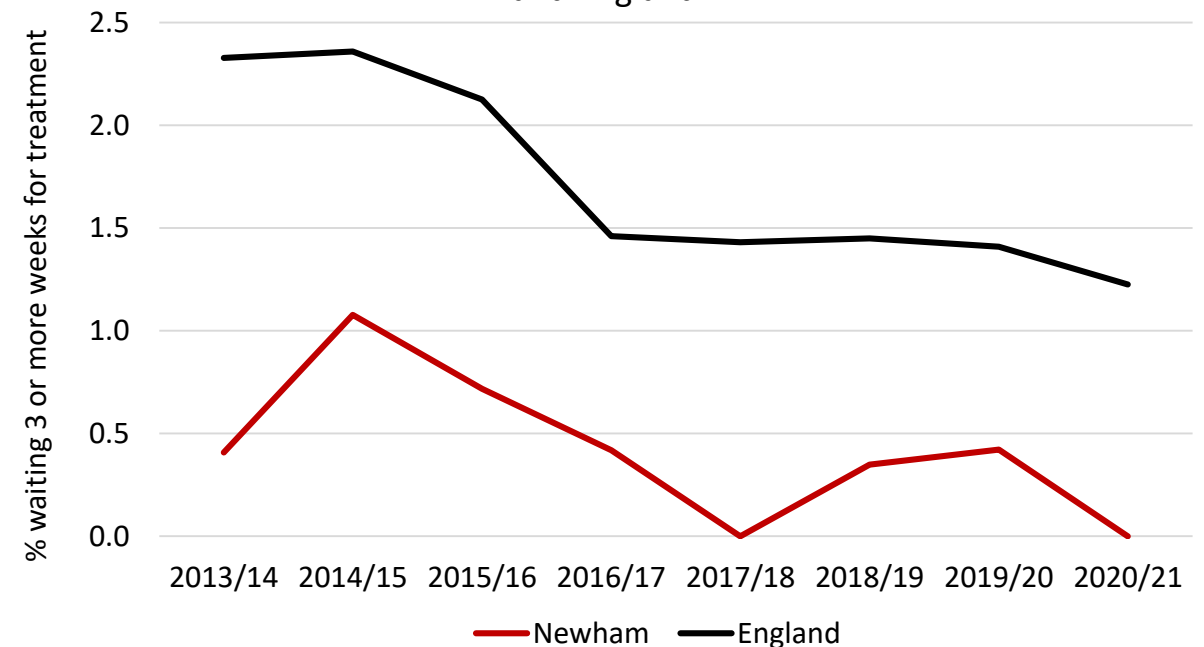
The completion rate of opioid and crack cocaine users in Newham has fluctuated since 2010, compared to a gradual decline in London and England.

Newham performs better than England in the percent of users who wait 3 or more weeks to start treatment. In 2020/21 no one in Newham waited 3 or more weeks to start opioid or crack cocaine use treatment.

Percent of opiate users who successfully complete drug treatment
(do not re-present to treatment within 6 months)



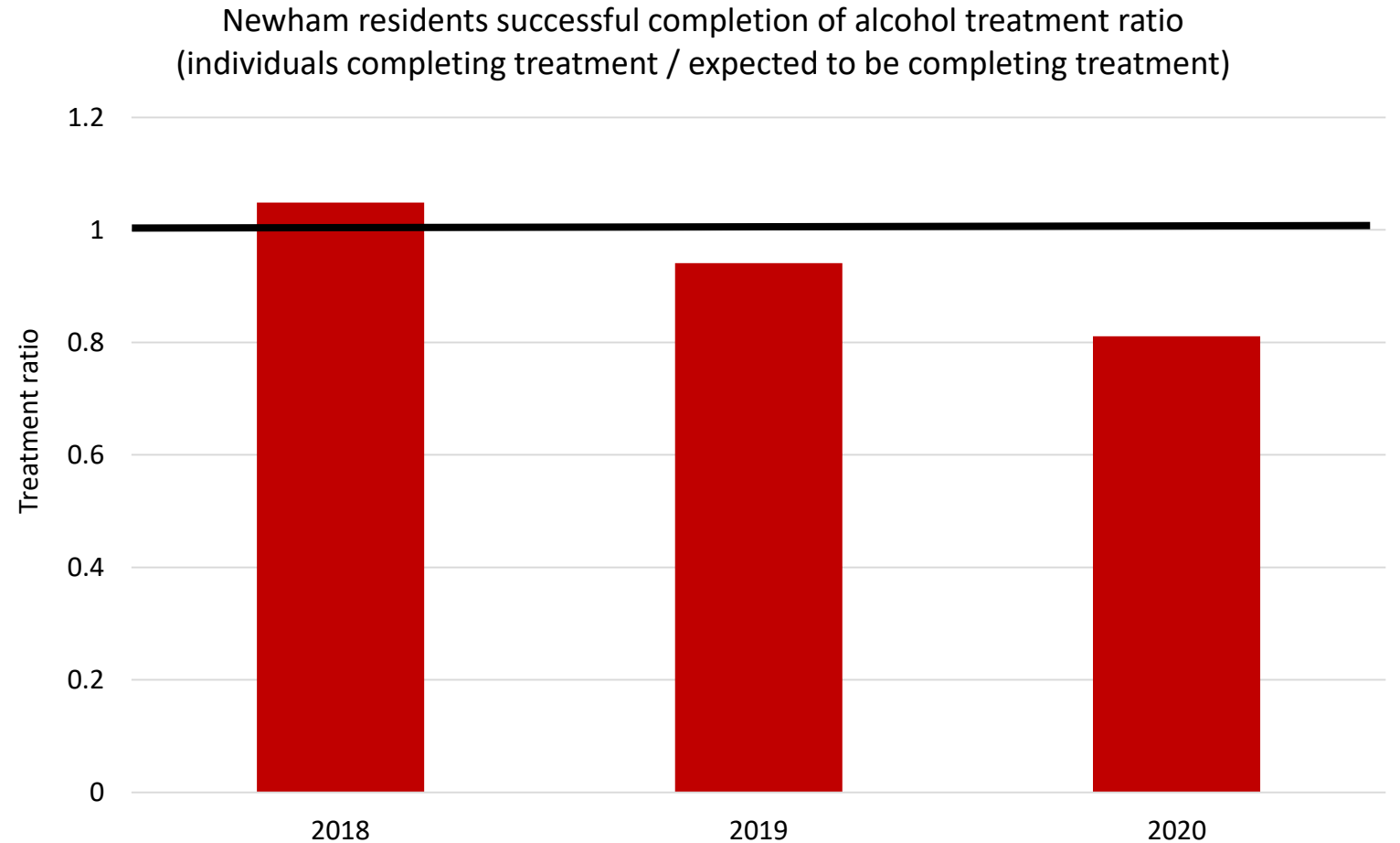
Percent of first drug treatment interventions where a person waited 3 or more weeks to commence treatment in Newham and England



Alcohol dependency

Alcohol treatment completion

- A 'treatment ratio' compares successful treatments to expected successful treatments via a statistical model assessing the relationship between variables (age, gender etc.) and likelihood of having a successful treatment. **Therefore a higher number = better results.**
- Since 2018 Newham's alcohol treatment completion ratio has worsened.



WE ARE NEWHAM.

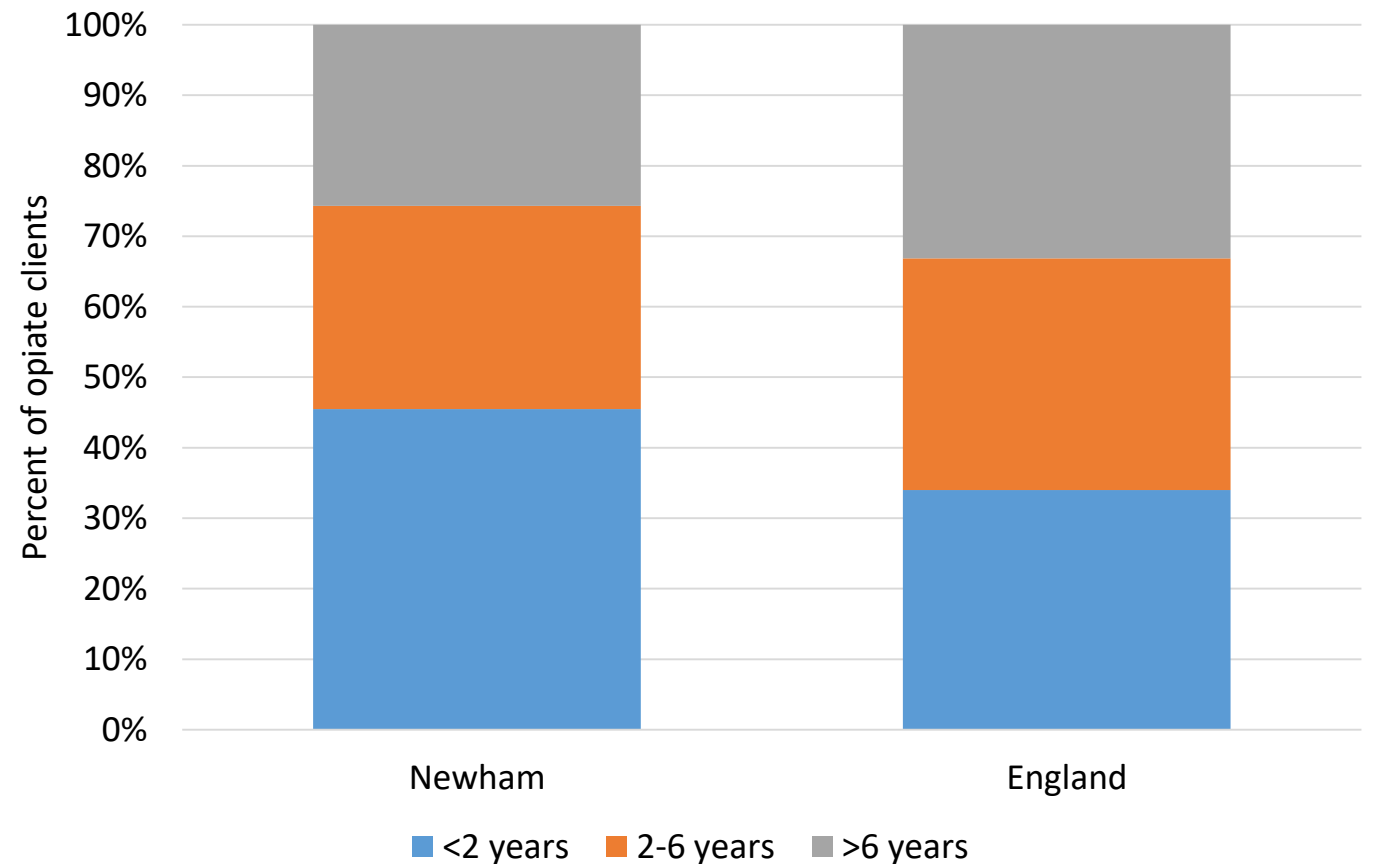
Time in treatment

- Opiate clients in Newham have generally been in treatment for a shorter period of time than in England
- However, non-opiate clients have slightly higher time in treatment in Newham than England average.

	Average time in treatment (years)	
	Opiate	Non-opiate
Newham	4.1	0.8
England	5.6	0.7

WE ARE NEWHAM.

Opiate clients by time in treatment, Newham and England
01/04/2021 to 31/03/2022



Successful completions

All in treatment vs. adults living with children

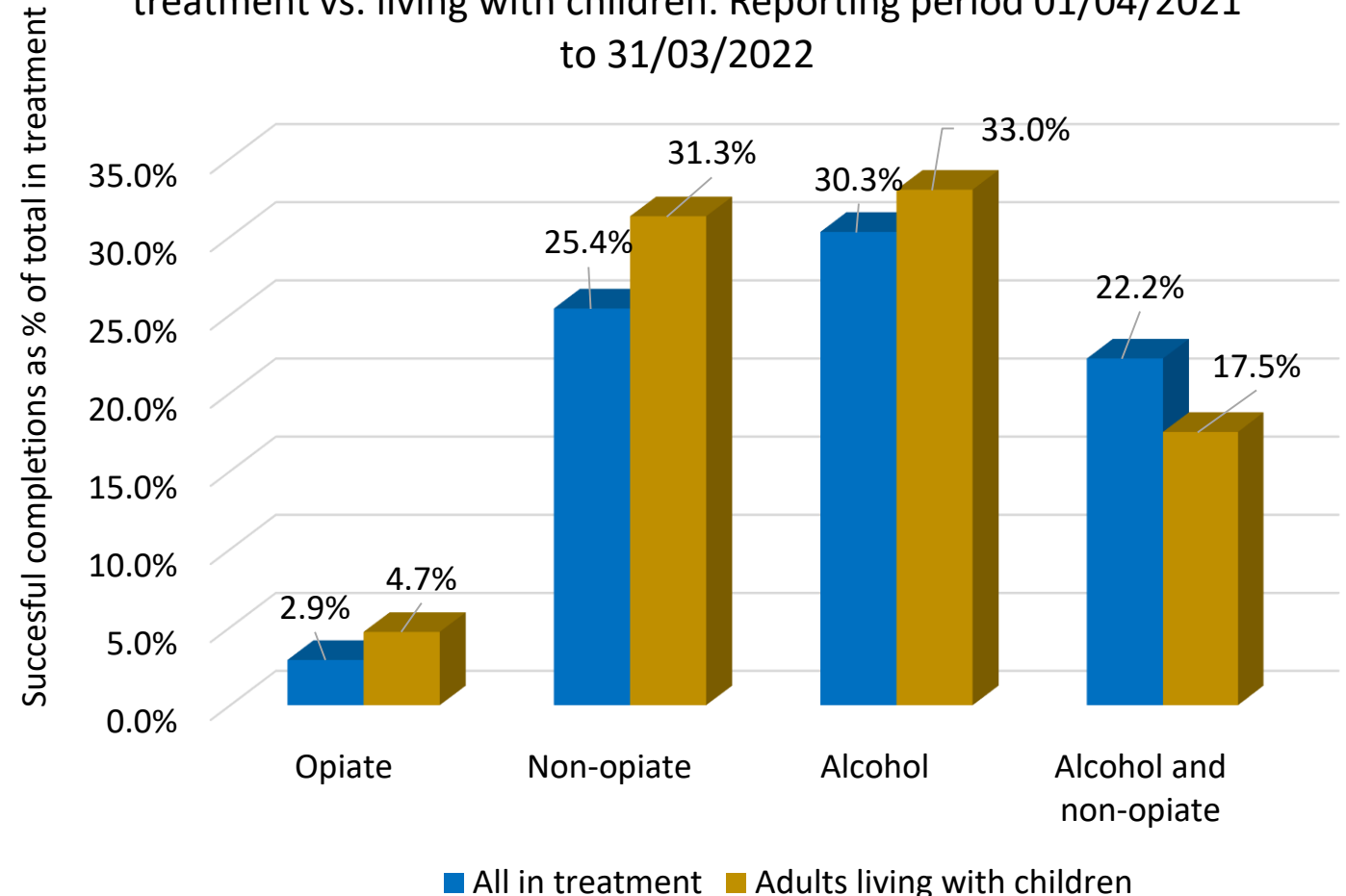


Successfully completed treatment and did not re-present within 6 months

- Adults who live with children have a slightly better rate of completing substance misuse treatment for opiates, non-opiates, and alcohol treatment.
- However they have a reduced rate of completing treatment in those who have alcohol and non-opiate treatment.
- Overall, the rate of treatment completion remains very low for opiate users.
- Some residents flagged that treatment should focus on longer term (i.e. more than 6 months after successful treatment). They noted seeing people who relapse after a few years and seeking treatment again.

Source: NDTMS

Successful completion of substance misuse treatment – all in treatment vs. living with children. Reporting period 01/04/2021 to 31/03/2022



Early unplanned exits

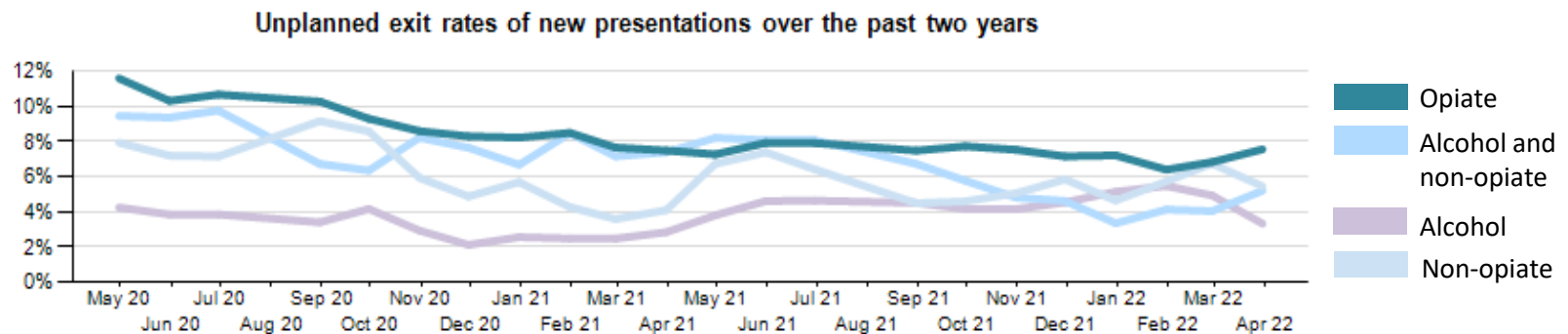
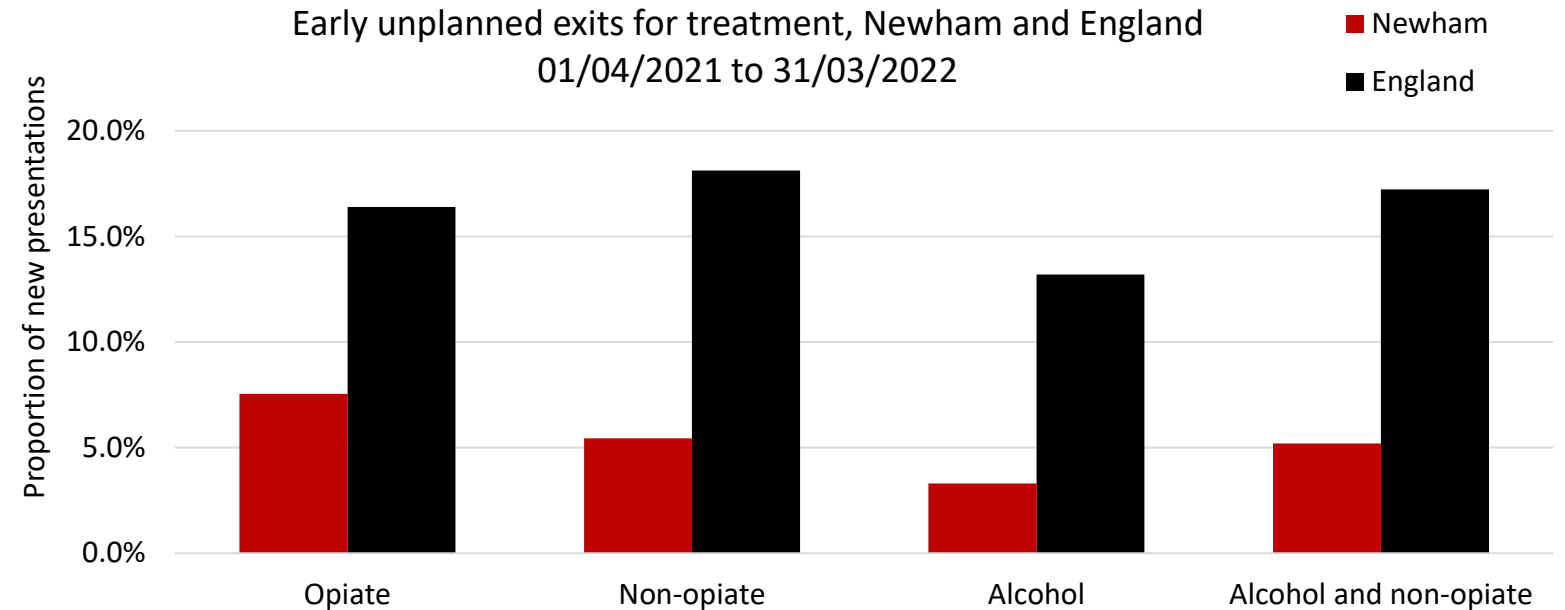
New presentations who had an unplanned exit or transferred and not continuing a journey before being retained for 12 weeks



- Newham has lower percent of early unplanned exits compared to the national average.
- Unplanned early exits are lower for alcohol and non-opiate treatment in Newham.
- Percent of unplanned exits in Newham has fallen in recent years, particularly for opiate users

WE ARE NEWHAM.

Source: NDTMS



Medical treatment

Clients offered and accepted test, vaccine, screening or naloxone

All figures as of 31st Mar 2022

- Newham clients in treatment generally have good uptake of medical treatment, including above national average hep c testing and hep b vaccinations.
- Over 6 in 10 in treatment have been issued naloxone, an emergency medication that prevents the effects of an opioid overdose.

Naloxone is an emergency medication that can reverse the effects of an overdose of opioids.



WE ARE NEWHAM.

Service	Newham	England
Hepatitis C test*	63.8%	48.0%
Hepatitis B vaccine*	35.6%	30.1%
Liver screening*	8.2%	9.2%
Naloxone issued**	60.0%	50.2%
Naloxone administered***	6.6%	6.0%

*As percent of all eligible clients in treatment

**As percent of eligible opiate clients in treatment

***Administered to reverse the effects of an overdose in last 6 months. Figure is as percent of all opiate clients



Source: NDTMS

Mental health (MH) in treatment

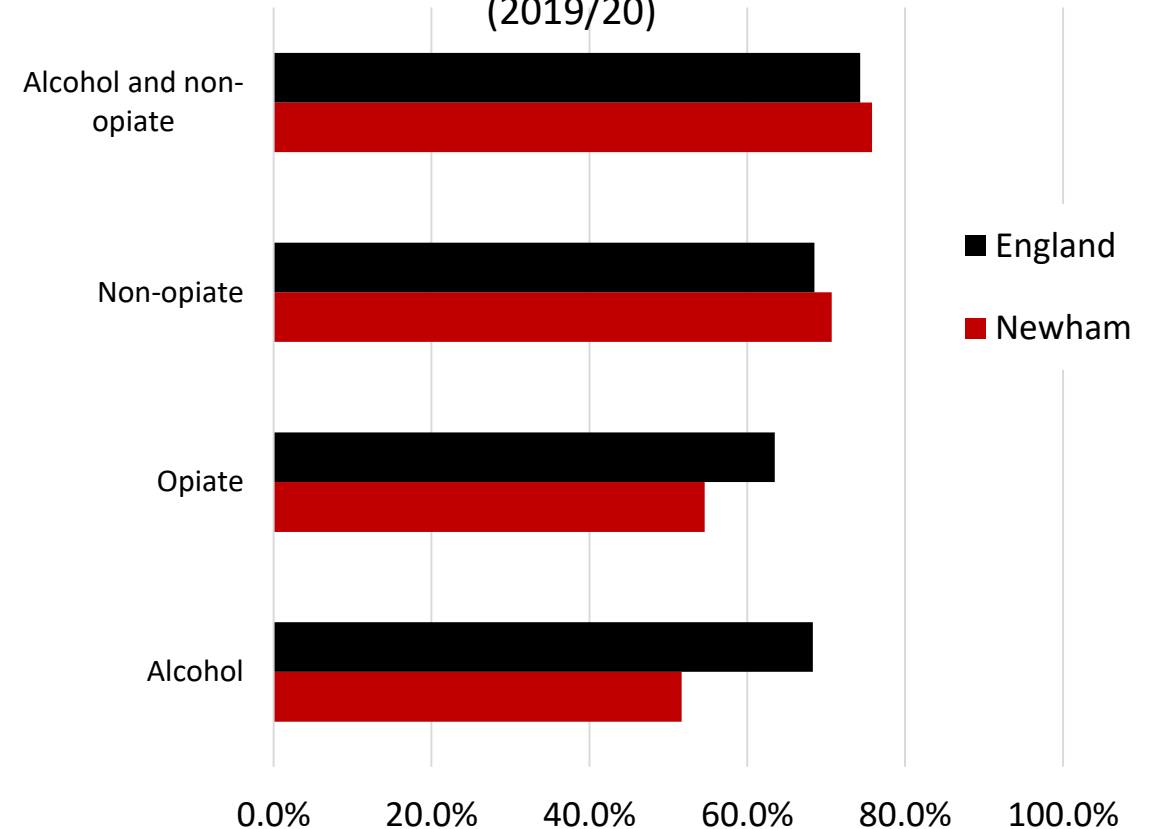
Clients entering treatment identified as having a MH treatment need

- Of clients starting treatment in 2019/20, 407 were identified to have mental health (MH) treatment need.
- Newham has a lower proportion of clients entering treatment for opiates or alcohol compared to England.
- Half of residents starting treatment for opiates or alcohol have MH treatment need.

MH treatment for those with treatment need	% of clients with MH treatment need		
	Newham no.	Newham %	England %
Already engaged with the Community MH Team/other MH services	82	20.1%	19.2%
Engaged with IAPT (Improving Access to Psychological Therapies)	19	4.7%	1.7%
Receiving MH treatment from GP	195	47.9%	58.3%
Receiving psychosocial or pharmacological intervention provided for MH treatment	<10	2.2%	1.1%
Has an identified space in a health-based place of safety for MH crises	<10	0.2%	0.6%
No treatment/Declined to commence treatment for MH need/Missing	156	38.3%	26.8%

Note: Individuals can be have multiple treatments, therefore numbers exceed 100%

Percent of clients entering treatment identified as having MH treatment need, Newham and England (2019/20)



Source: NDTMS

Unmet need

Alcohol or drug dependent people not in treatment

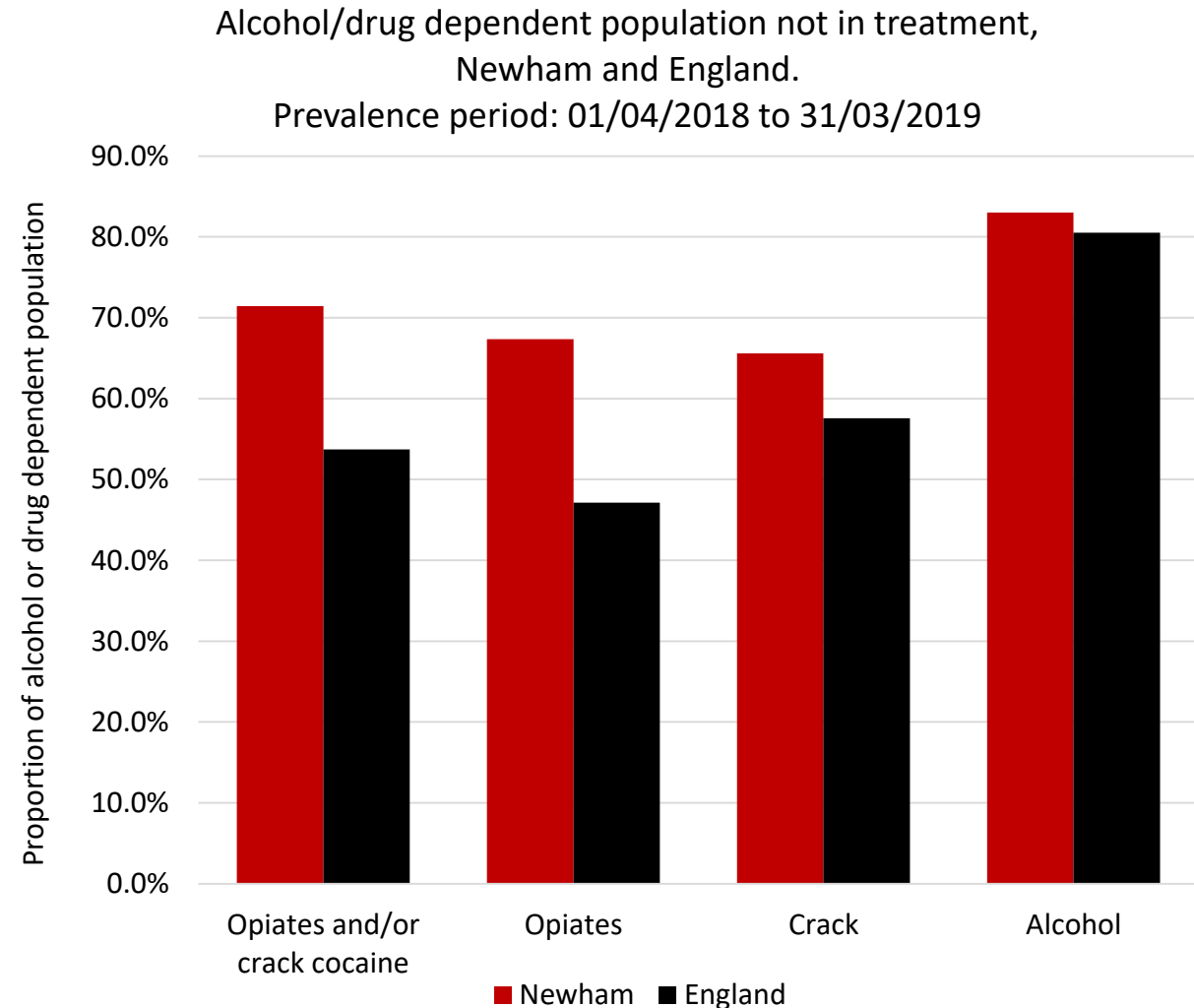
Unmet need for drug and alcohol users

Estimated proportion of people who are drug or alcohol dependent not in the treatment system

- Newham has a higher estimated alcohol or drug dependent population not in treatment compared to England.
- Both Newham and England have higher unmet need in alcohol dependent populations compared to opiate or crack cocaine users.
- An estimated 1542 opiate users and 1885 alcohol-dependent Newham residents are not in treatment.

	In treatment	Not in treatment*
Opiates	749	1542
Alcohol	386	1885

*Estimated from Public Health Institute prevalence estimates (2016-2017), Liverpool John Moores University



Source: NDTMS

Build on Belief

Summary

- Build on Belief (BOB) is a Newham service that specialises in designing, implementing and running weekend (Fri-Sun) services for people who are struggling with, or are in recovery from their substance use; namely drugs and alcohol.
- The various Build on Belief projects do not offer therapeutic interventions, but are socially based befriending services designed to complement the existing structured treatment system.
- Build on Belief recently ran a series of workshops to engage with users and discuss why individuals may not be accessing treatment.
- **The feedback from the workshops are in the following slides.**



WE ARE NEWHAM.



Source: Build on Belief (BOB)

Why might some people not access treatment?

Lack of awareness of services



Some people are not aware of the services provided

"I don't really know about the service, I heard a few things here and there, but am not really sure what they can offer me."

"I'd not really known until today that there were other services onsite. I have heard people talk about getting therapy and medication from Becton Road but I thought that was the building next door."

"I do not really know about the service. I have heard a few things here and there but not rally sure what times and what they can offer me"

"Nobody has ever told me they are in the same building as yourselves. I was told about this service by one of the volunteers and my English is not that good."

"I am not sure exactly what they offer somebody said it is a housing office somebody said it is a storeroom, I did go one Wednesday but everybody was so busy they said the staff was short and I would have to come in and do The Walking service if I wanted quick access."

"I have never heard of CGL"

WE ARE NEWHAM.



Why might some people not access treatment?

Livelihood concerns

Fear they may lose their children or housing

“I’m scared because I have 3 children and already Social Services have been alerted. I do not want to put any more pressure on my family.”

“I have two children ... so I cannot let them know because when I am on the official register, I know social services have to be informed”

“I need to register because I need to go to rehab but at the moment, I cannot afford to lose my council house”

“I have children so I have to be careful that me or my partner do not let anyone else know because there are always people ready to grass up.”

Unable to visit services due to financial situation

“It is very difficult to come in when you are on benefits and you also have to look after children. Nobody is helping you to cover the expenses for just coming in to do an appointment, let alone engaging in treatment for a very long time.”

“There are no services for the parents and children when we come into treatment. Where do you think we can leave the children or who we can leave the children with.”

“I am in a lot of debt and have to get money from begging on the street or doing cash in hand jobs. This makes it very hard for me to commit to any treatment and promise to be regular and turn up because really that can be the difference between me eating and not eating that day.”

Why might some people not access treatment?

Accessibility

They could not see me because I did not have any way to be contacted. They did give me an appointment card which I missed the first time and when I came back they said I would need to go through the whole procedure again."

"The closest centre to me is 3 miles away. I cannot walk that far. The bus does not take cash so I do not know how I can get there."

"I was waiting 9 weeks then I went back and they said I was not in the system anymore."

"I cannot travel. I do not have a mobility scooter so this stops me from coming in. My sister drops me off in the car but only on weekends"

"I think every service should have some support lines that run 24-hours even if you trained patients or volunteers to do this because most people have the worst time during the night"

"If you had everything under one roof it would be easier for people to attend. Somewhere to could help you to inject safely, I would definitely use the service. I have no veins left and it is very painful and dangerous every time I use heroin. If staff are taught how to connect with people they will build up trust otherwise no one will ever really come."

"Physically, I am not able to really travel far. Sometimes I'm I am lucky and somebody might be able to assist me."

"There should be more activities in the evening/night as this is when most people need if they are alone and their mind starts to wander"

"The waiting list is too long, I had my referral and did not get any reply for five weeks so I just gave up."

"The pharmacy doesn't open till 10.00am so I don't have the time. I end up having to buy methadone illegally. I went to the pharmacy to ask if they could change my pick-up times but they said that I would need to get a new script from CGL. CGL take 3-4 days to process this so I don't have the time."

"[They should introduce] methadone & subutex slow-release injections to avoid shameful trips to the pharmacy."

"I think they should have some way to do interviews and appointments online so people can do it whilst they are at work or engaged in any other activity."

Why might some people not access treatment?

Issues with service

“Need more places where people do not know what is happening there and the people who go in can do it in private. Maybe even have some kind of booths where people can sit rather than in the waiting room where everyone can see you.”

“Me and my partner both want to go into treatment together because last time they made us go individually and it was very difficult when I came out of treatment which was a detox in a hospital and I had to wait for my partner to finish her treatment.”

“Since COVID hit, there have been less face to face support. It would be helpful if there was a qualified counsellor available to give monthly one to one support. It would also be helpful to have an assigned Peer Support Worker with lived experience.”

“The client said whenever she comes back to continue with her treatment she continually has to re give the information she gave in the first place why do they not keep it on record and share it with everyone who is concerned with the care plan instead of having to give the same information every time.”

“I think what would benefit everybody is if you could choose your own care plan. When I was last in treatment they did not make any care plan or ask me what I would like. I was told “reduce your heroin and go on to methadone.”

“There is too many men in the room. If they did not encourage them to come again. Women would come. It would be more people”

“The staff are always rude and too busy. Whenever I log on I am always told log into this website or ring this number or go to this place or go to that place. If I felt more welcomed and that anybody cared I would definitely go.”

“There is too many people who have just been to [university] and try and tell you how you feel. We need more workers that have been through the life of someone like myself”

“[When I came] I felt like drinking more because everybody was drunk and people were fighting. It looked like a medical institution. It just makes you depressed to know that your life is so bad already and then you have to get treatment in a service that looks so miserable. Even if they just had a TV some music and nice coloured walls. And maybe definitely a garden or some open space.”

“There should be some better policies and procedures in the long run, everybody I know who goes there is fine until the treatment is over a few years later then everybody relapses.”

Why might some people not access treatment?

Culture, stigma, and safety



"In my Jamaican community it is looked upon very badly if you are seeing walking into drug services. They should have separate alcohol and drug services"

"I sometimes feel I am being stereotyped. I Have been in the waiting room a few times and felt like everyone is thinking I'm a cocaine dealer"

"My culture is very spiritual and we believe in religion and a higher power we are not really allowed to give treatment services priority over this."

"do not have a positive circle of friends they do not encourage me and always mislead me into carrying on with my addiction because it benefits them"

"My religion has worked for many. I need to be around my own people."

"Nobody knows that I am drinking this much I have managed to hide it from all my friends and family so I do not want them to know because a few of my cousin's use the service to and there is a good chance we can meet."

"I would like to see a more culturally diverse service where the staff properly represent the ethnicities in the community."

"I have been planning a long time to register on I am growing old now and tired but I still feel very scared because I do not like going out of my house I was robbed many times last year and this has affected my mentality and trusting people."

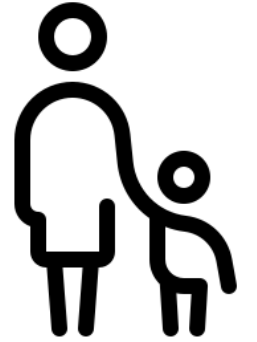
"I have issues with being around people and meeting new people so I avoid any places where this may happen and I always see that CGL is always full and busy."



Why might some people not access treatment?

Summary

- Worries about children and housing if they seek treatment
- Unable to commit to treatment due to work or money
- Unaware of services CGL provide
- Issues accessing sites due to mobility issues / site being too far
- Long waiting times for referrals
- Lack of access to treatment at night and timings for pharmacies
- Lack of privacy at busy CGL services
- Fears of meeting new people or relatives.



YOUTH EMPOWERMENT

Youth empowerment is a process where children and young people:

Are encouraged to take charge of their lives

Recognise their capabilities, self determination and worth

Achieve their ambitions

The number of young people offered support is shown in the table. Data for the number who take up the offer was not available.

WE ARE NEWHAM.

Date	Number
April 2022	114
May 2022	119
June 2022	137
July 2022	153
August 2022	152
September 2022	221

- Referrals for substance misuse support are made by Youth Workers or the Return Home Interview (RHI) Team
- Young people who engage in an RHI – after an episode of missing from home or care - are provided the “Standard offer” which includes CGL/CAMHS/YES
- Some don’t wish to access the offer as they are already receiving a service or they don’t require any further assistance from the Youth Empowerment Service to signpost or refer them
- Young people tend to decline being referred for any form of support around substance misuse

AUDIT C

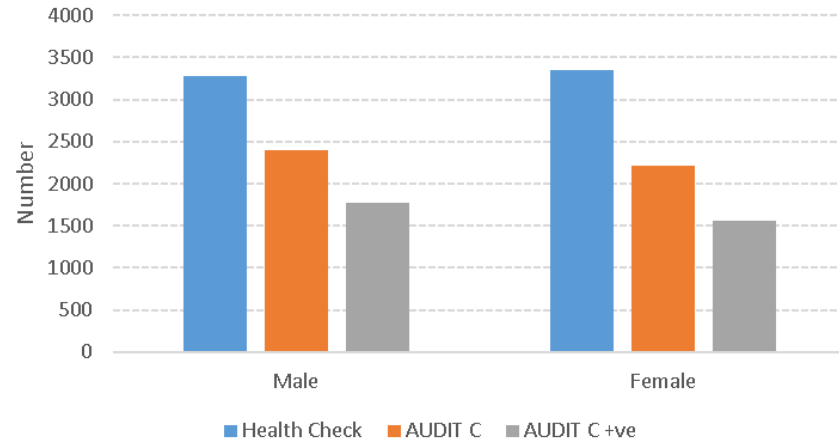
- AUDIT C is a test to quickly identify alcohol harm in service users
- The test uses 3 questions about consumption
- Depending on the scores, the following advice is given:
 - 4 or below – positive feedback and encouraging the service user to keep drinking at low risk levels
 - 5 – 10 – brief advice to encourage a reduction in alcohol use to reduce the risk of alcohol harm
 - 11 or above – consider referral to specialist alcohol harm assessment
- There is also AUDIT which is a 10 question test for assessing an individual's level of alcohol risk; Health and Social Care professionals can use this as a comprehensive screening tool to assess the level of risk of alcohol harm



AUDIT C – GENDER AND AGE BAND

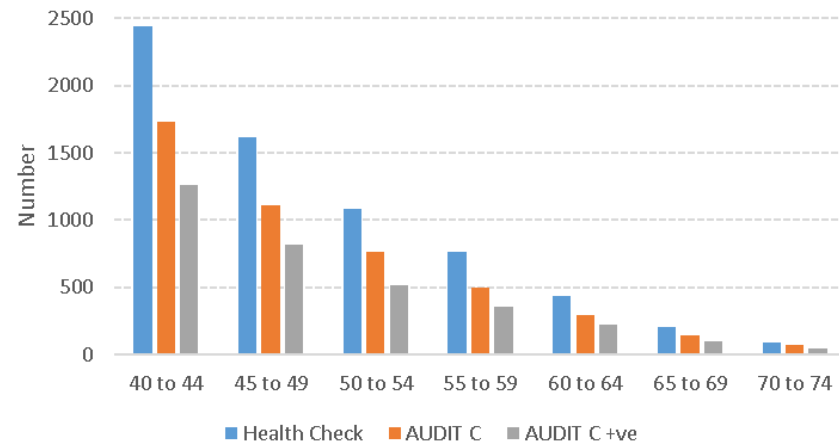


Health Checks and Audit C by gender



- The charts show:
 - The number of NHS Health Checks completed between April – August 2022
 - The number of AUDIT C tests carried out
 - The number of AUDIT C tests that were positive (a score greater than 4)
- 54% of males** had a positive AUDIT C score compared to **46% of females** (calculated by the number of positive scores / number of AUDIT C tests carried out)
- The highest proportions of positive AUDIT C scores by age band were as follows:-

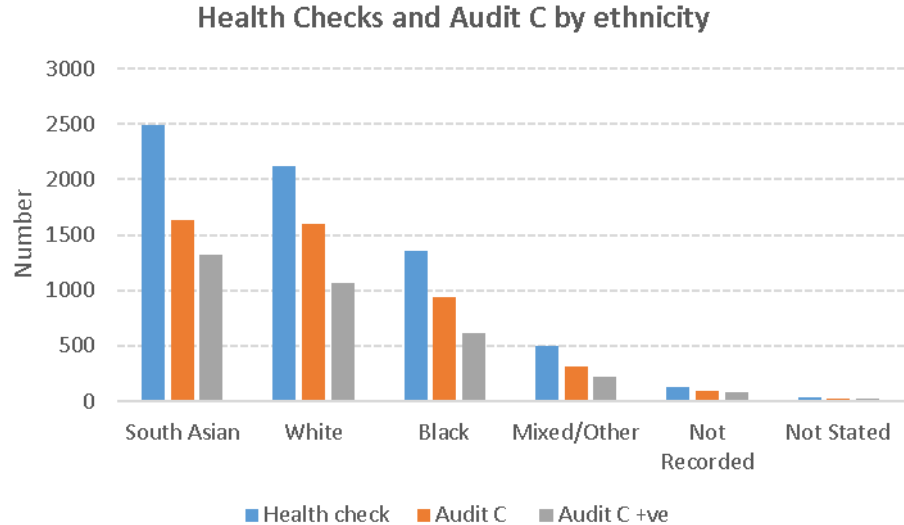
Health Checks and Audit C by age band



Age band	% +ve scores (>4)
60-64	74% (222/298)
45-49	74% (819/1109)
40-44	73% (1265/1733)
65-69	73% (102/140)
55-59	71% (353/496)
50-54	68% (519/762)
70-74	68% (49/72)



AUDIT C – ETHNICITY



- The chart shows:
 - The number of NHS Health Checks completed between April – August 2022
 - The number of AUDIT C tests carried out
 - The number of AUDIT C tests that were positive (a score greater than 4)
- With the exception of those not recorded or not stated, the highest proportion of positive AUDIT C tests was in South Asian residents at 80%

Ethnicity	% +ve scores (>4)
South Asian	80% (1319/1639)
Mixed/Other	71% (225/318)
White	67% (1065/1598)
Black	65% (613/939)
Not recorded	97% (86/89)
Not stated	78% (21/27)

HOSPITAL ADMISSIONS FOR SUBSTANCE MISUSE

WE ARE NEWHAM.

BACKGROUND

Alcohol

- Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages
- Alcohol can lead to conditions such as mouth, throat, stomach, liver and breast cancers, circulatory and digestive diseases, high blood pressure, cirrhosis of the liver and depression
- Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions
- Alcohol related harm disproportionately affects the poorest people in society
- Families of those with alcohol dependency are also affected as well as the wider community around them, from a social perspective
- The cost to the NHS for alcohol misuse is around £3.5 billion per year and society as a whole around £21 billion annually
- The Covid-19 pandemic contributed towards a change in drinking patterns, a study carried out by the Institute of Alcohol Studies in July 2022 projects that there could be thousands of additional premature deaths and large costs to the health service in England by 2035
- The study showed an increase in the number of high risk drinkers, and the heaviest drinkers have increased their consumption the most
- There was a 20% increase in alcohol-specific deaths in England in 2020 compared with 2019, and the trend has persisted through 2021
- The long-term indirect effect of the pandemic on alcohol harm is not yet known

(Source: The COVID Hangover; Addressing long-term health impacts of changes in alcohol consumption during the pandemic, Boniface.S et al, July 2022)

Drugs

- Drug misuse is a significant cause of premature mortality in the UK
- Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15-49 age group in England and nearly 1 in 9 deaths registered among people in the 20s and 30s in England and Wales in 2014 were related to drug misuse
- There is evidence to suggest that young people who use recreational drugs risk damage to their mental health. This includes suicide, depression and disruptive behaviour disorders
- Regular use of cannabis or other drugs may also lead to dependence
- Among 10-15 year-olds, increased drug use is linked to a range of adverse experiences and behaviours, which can include truancy, exclusion from school, homelessness, time in care and serious or frequent offending

HOSPITAL ADMISSIONS FOR SUBSTANCE MISUSE

NATIONAL DATA

Data on Local Alcohol Profiles produced by OHID can be found by clicking [here](#) (with slide on Slideshow) and choosing from the drop down menu by Topic

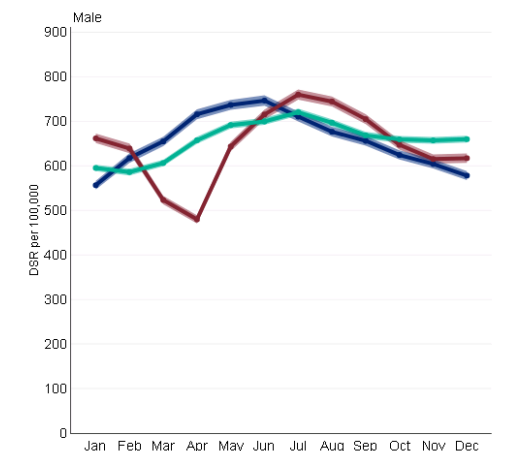
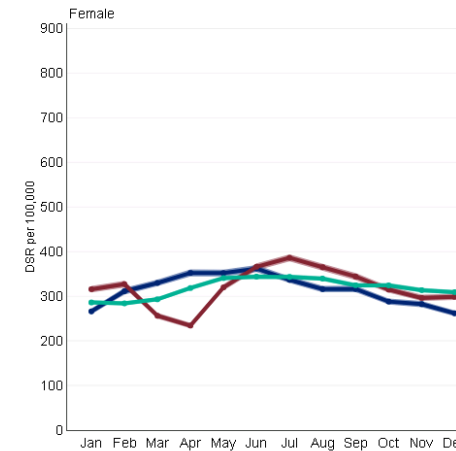
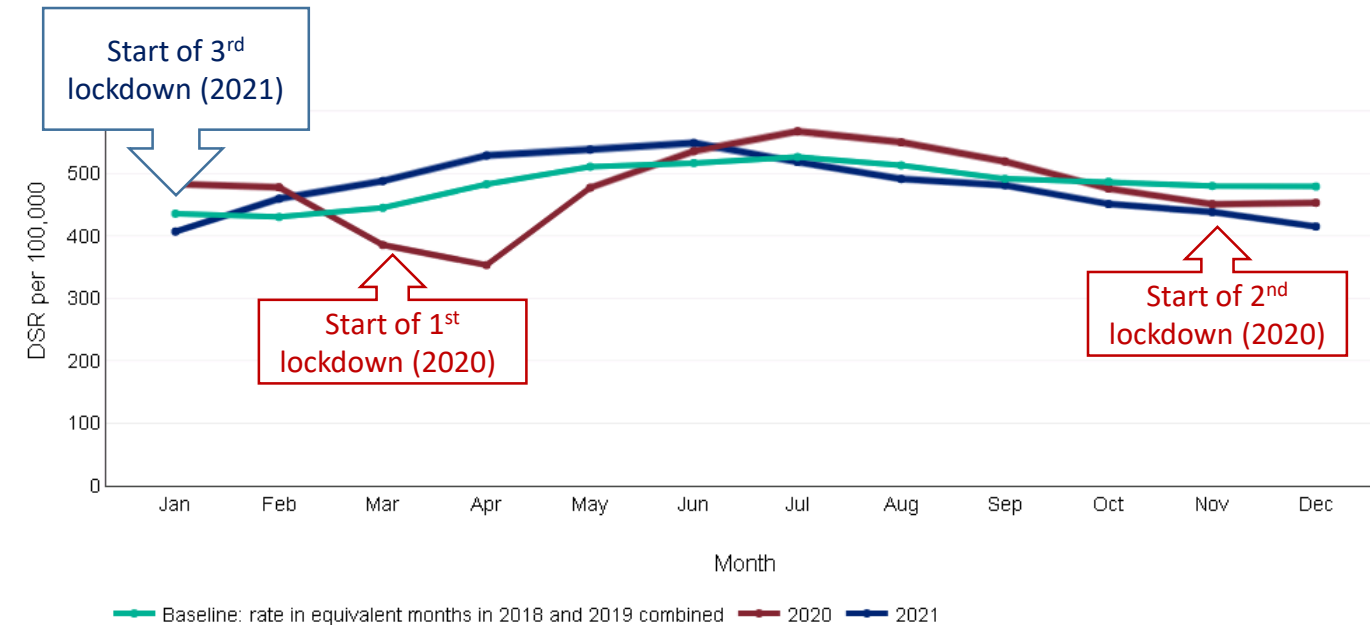
WE ARE NEWHAM.

HOW HAS THE PANDEMIC AFFECT ALCOHOL-RELATED ADMISSIONS IN ENGLAND?

The Covid-19 pandemic had a marked impact on emergency admissions following the start of lockdown in 2020

Monthly trend in emergency hospital admissions for all alcohol-related conditions, England

The difference in **admissions by gender** is notable

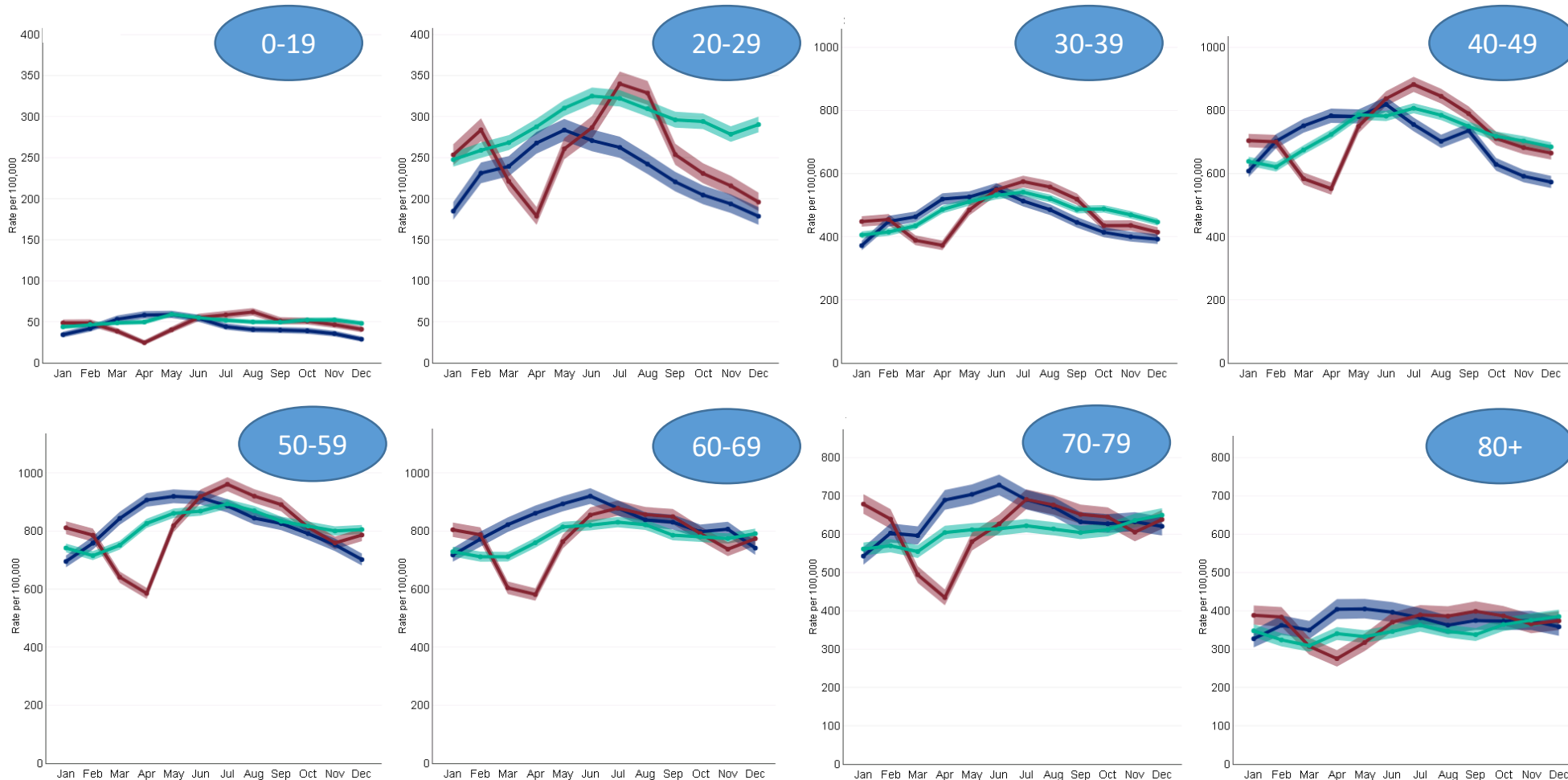


- Emergency hospital admissions for alcohol-related conditions rose sharply between April and July 2020, following the first lockdown in March 2020
- During 2021, the rate of admissions rose from January to June before falling to December
- There is a marked difference by gender, with the rate of admissions for men double that of women

WE ARE NEWHAM.

WHICH AGE BANDS ARE ALCOHOL-RELATED ADMISSIONS AFFECTING THE MOST IN ENGLAND?

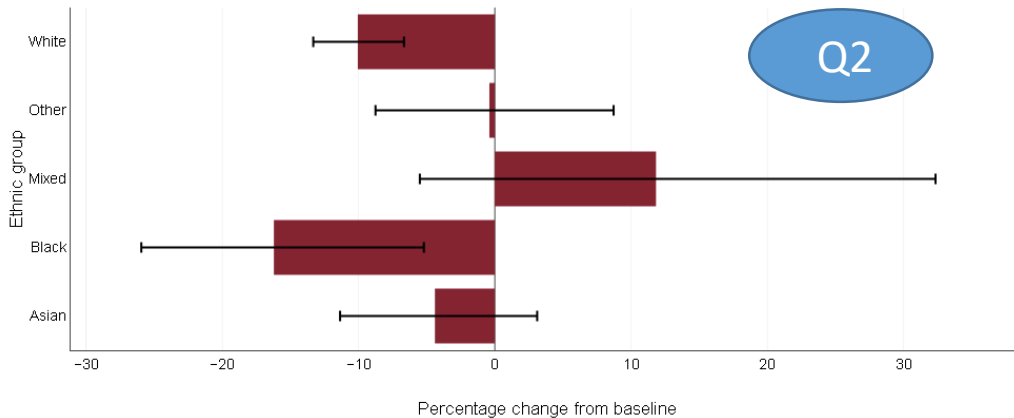
Emergency hospital admissions for alcohol-specific causes in England by age band



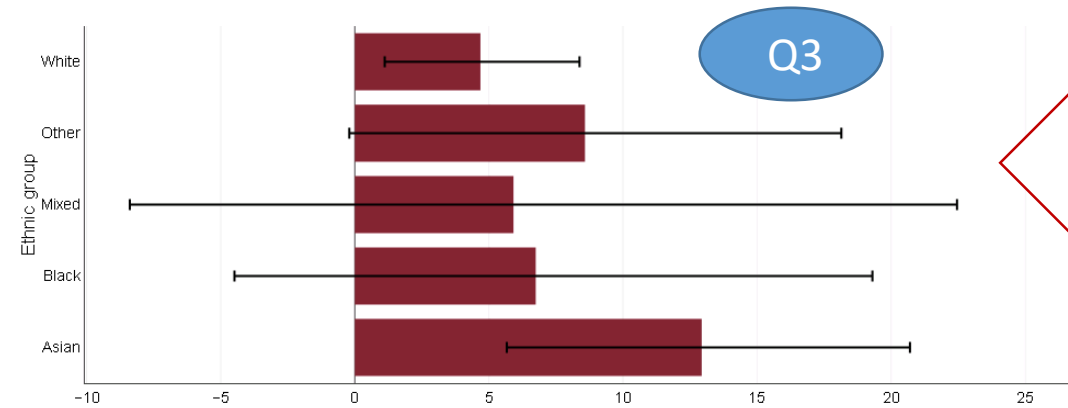
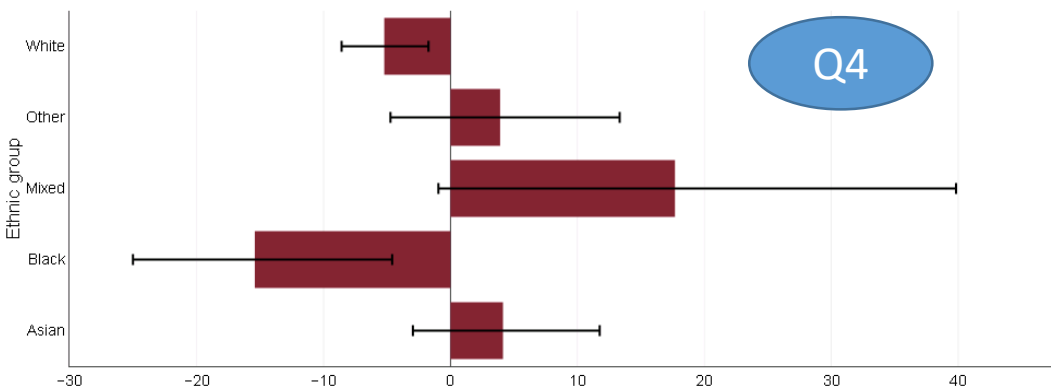
- Please note the different values in the Y axis
- In all the age groups there is a marked increase in emergency admissions following the first lockdown in 2020
- This is particularly notable in the **40-69 age groups**
- In most age groups, there is a return to pre-Covid rates and in most cases, a lower rate by December of each year

WHICH ETHNIC GROUPS ARE ALCOHOL-RELATED ADMISSIONS AFFECTING THE MOST IN ENGLAND?

Emergency hospital admissions for alcohol-specific causes in England by broad ethnic group – comparison with baseline quarter (2018/19 combined, pre-pandemic)



Baseline: rate in equivalent quarter in 2018 and 2019 combined



All groups showing an increase in comparison to previous year in Q3

- These graphs shows the **percentage change by ethnic group** of hospital admissions, **compared with the baseline** (the same quarter in 2018/19- pre-pandemic)
- Quarter 2 shows an increase only in those of Mixed ethnicity, whereas quarter 4 shows an increase in those of Mixed, Asian and Other ethnicities
- During Q3 **all** ethnic groups showed a percentage **increase in admissions** compared to the baseline year

WE ARE NEWHAM.

HOSPITAL ADMISSIONS FOR SUBSTANCE MISUSE

LOCAL DATA

WE ARE NEWHAM.

DATA NOTES

- The data in this chapter shows hospital admissions where substance misuse is recorded as the primary diagnosis
- Admissions are from Newham CCG – so these are GP Registered patients. This will exclude people who live in Newham but are registered with a GP outside of Newham but will include people who are registered with a Newham GP but live outside of Newham
- It covers admissions between 1st April 2019 and 31st March 2022
- The numbers in the graphs are based on admissions rather than individuals – the number of unique individuals has been added in addition to account for those with repeat admissions
- The data focuses on emergency admissions
- Data was extracted for admissions for drugs and alcohol only
- The ICD10 codes that were used to identify the data can be seen on the following slides

WE ARE NEWHAM.



ICD10 CODING USED FOR EXTRACTION: Alcohol

ICD10	Alcohol
E244	Alcohol-induced pseudo-Cushing syndrome
F10	Mental and behavioural disorders due to use of alcohol
G312	Degeneration of nervous system due to alcohol
G621	Alcoholic polyneuropathy
G721	Alcoholic myopathy
I426	Alcoholic cardiomyopathy
K292	Alcoholic gastritis
K70	Alcoholic liver disease
K85.2	Alcohol-induced acute pancreatitis
K860	Alcohol-induced chronic pancreatitis

ICD10	Alcohol
T510	Toxic effect of alcohol - Ethanol
T511	Toxic effect of alcohol - Methanol
T519	Toxic effect of alcohol, unspecified
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level of intoxication

ICD10 CODING USED FOR EXTRACTION: Drugs

ICD10	Drugs
F11	Mental and behavioural disorders due to use of opioids
F12	Mental and behavioural disorders due to use of cannabinoids
F13	Mental and behavioural disorders due to use of sedatives or hypnotics
F14	Mental and behavioural disorders due to use of cocaine
T427	Poisoning: Antiepileptic and sedative-hypnotic drugs, unspecified
T430	Poisoning: Tricyclic and tetracyclic antidepressants
T432	Poisoning: Other and unspecified antidepressants
T436	Poisoning: Psychostimulants with abuse potential
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, anti-parkinsonism and psychotropic drugs, not elsewhere classified

ICD10	Drugs
T398	Poisoning: Other non-opioid analgesics and antipyretics, not elsewhere classified
T400	Poisoning: Opium
T401	Poisoning: Heroin
T402	Poisoning: Other opioids
T403	Poisoning: Methadone
T404	Poisoning: Other synthetic narcotics
T405	Poisoning: Cocaine
T406	Poisoning: Other and unspecified narcotics
T408	Poisoning: Lysergide [LSD]
T412	Poisoning: Other and unspecified general anaesthetics
T424	Poisoning: Benzodiazepines
T426	Poisoning: Other antiepileptic and sedative-hypnotic drugs

ICD10 CODING USED FOR EXTRACTION: Other psychoactive substances and tobacco

ICD10	Other Psychoactive Substances
F15	Mental and behavioural disorders due to use of other stimulants, including caffeine
F16	Mental and behavioural disorders due to use of hallucinogens
F18	Mental and behavioural disorders due to use of volatile solvents
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified
X63	Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system
X64	Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances
X66	Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours
X67	Intentional self-poisoning by and exposure to other gases and vapours
X68	Intentional self-poisoning by and exposure to pesticides
X69	Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances

ICD10	Tobacco
F17	Mental and behavioural disorders due to use of tobacco

These codes were used to extract data for overall figures but **substance misuse due to psychoactive substances or tobacco as a primary hospital admission reason is not analysed in this report.**

The data is available if required.

WHAT CONDITIONS CAUSE ADMISSIONS?

Substance misuse includes the following, with examples of hospital admission reasons:-

Alcohol

- Withdrawal
- Cirrhosis
- Acute intoxication
- Dependence
- Alcoholic hepatic failure
- Harmful use
- Alcoholic hepatitis
- Alcohol-induced acute pancreatitis

Drugs

- Cannabinoids:
 - Psychotic disorder
 - Harmful use
 - Acute intoxication
- Opioids:
 - Dependence
 - Acute intoxication
 - Withdrawal
 - Amnesic syndrome
- Cocaine:
 - Harmful use
 - Poisoning
 - Dependence
 - Withdrawal
 - Psychotic disorder

Poisoning

- 4-Aminophenol derivatives
- Anti-depressants
- Phenothiazine antipsychotics and neuroleptics
- Psychostimulants with abuse potential

Psychoactive substances

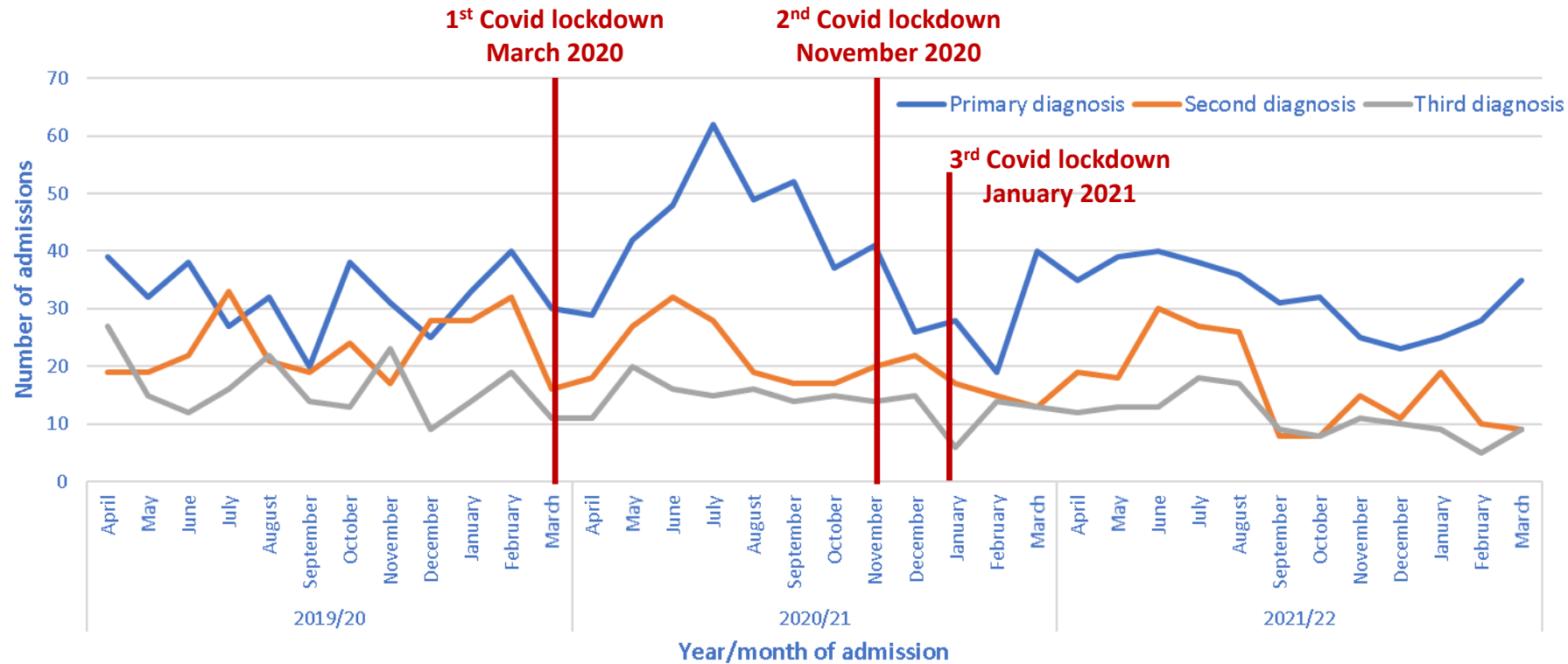
- Multiple drug use and other psychoactive substances:
 - Harmful use
 - Psychotic disorder
 - Acute intoxication
 - Dependence syndrome
 - Residual and late-onset psychotic disorder
 - Withdrawal state
- Volatile solvents
 - Psychotic disorder
 - Convulsions
- Other stimulants including caffeine:
 - Psychotic disorder
 - Harmful use
- Sedatives or hypnotics
 - Withdrawal state

Tobacco

- Tobacco:
 - Harmful use
 - Dependence syndrome

EMERGENCY ADMISSIONS

Emergency hospital admissions for drugs/alcohol
1st April 2019 - 31st March 2022



- The graph shows all attendances/admissions by type, where substance misuse is recorded in **one of the first 3** diagnosis fields
- There was a large spike in admissions (particularly among those where the Primary diagnosis was drugs/alcohol) between the first and second Covid-19 lockdown period (March and November 2020)

WE ARE NEWHAM.



EMERGENCY ADMISSIONS: VIA WHAT ROUTE ARE PEOPLE ADMITTED?

Routes of admission where substance misuse is the primary diagnosis, April 2019 – March 2022

Method of emergency admission

■ Accident and emergency ■ Consultant clinic ■ General Practitioner ■ Hospital transfer ■ Mental Health ■ Other reason



The total number of emergency admissions for primary diagnosis was **1245 (791 individuals)**

A&E is the most common route of emergency admission accounting for 94.2%

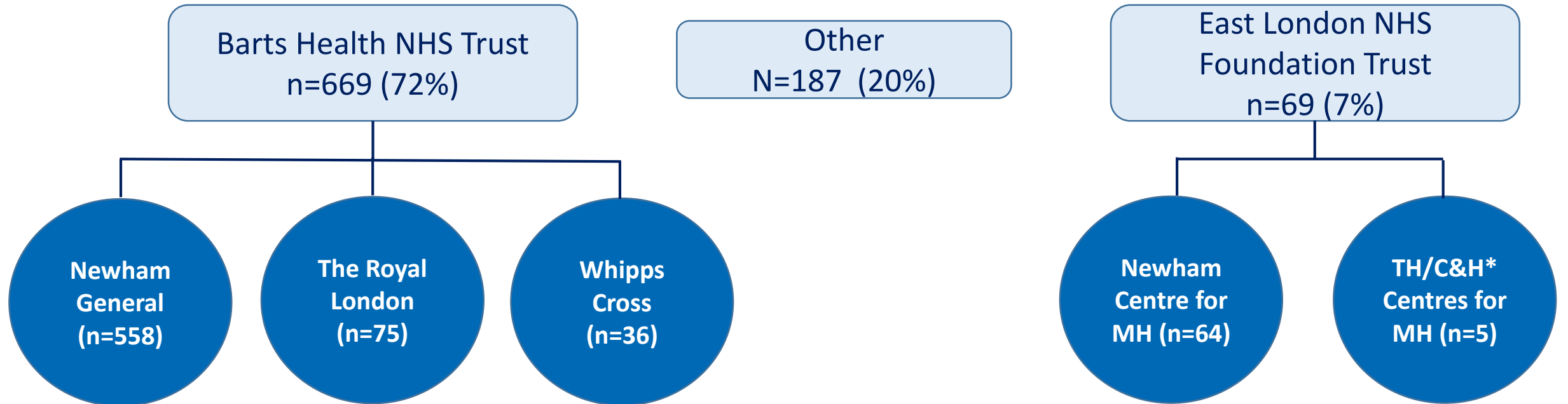
Admissions from mental health services account for 1.6% of admissions

<1% were admitted via General Practice, Consultant Clinic or a transfer from another hospital and 3.6% from “Other” sources

WE ARE NEWHAM.

EMERGENCY ADMISSIONS: ALCOHOL WHERE ARE PEOPLE ADMITTED TO?

Admissions where **alcohol** is the primary diagnosis, April 2019 – March 2022



A majority of admissions are through Barts Trust to Newham General Hospital, making up 60% of admissions where alcohol is the primary diagnosis

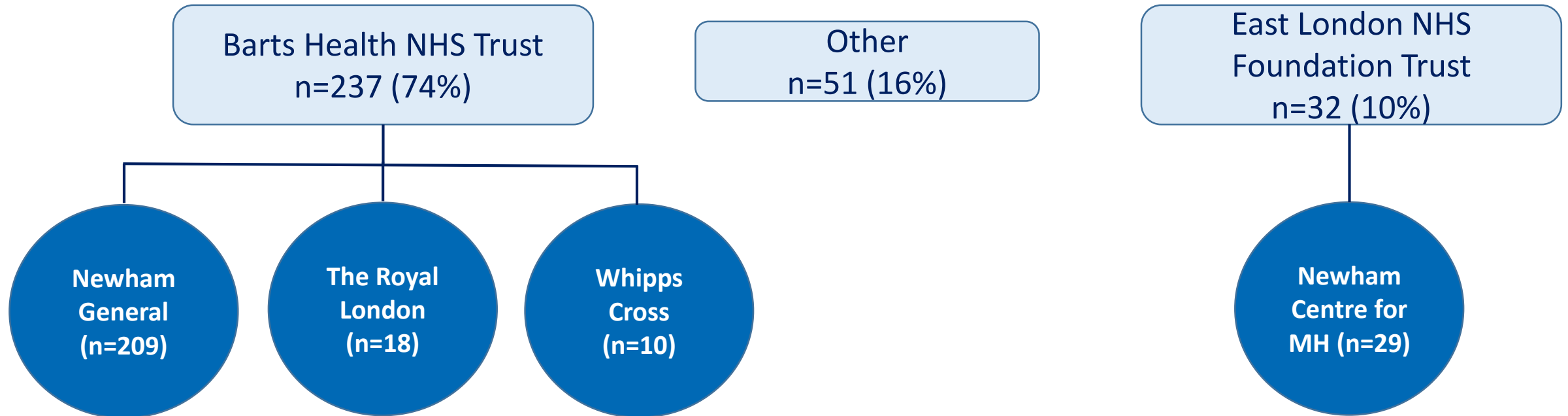
*Tower Hamlets/City & Hackney

WE ARE NEWHAM.



EMERGENCY ADMISSIONS: DRUGS WHERE ARE PEOPLE ADMITTED TO?

Admissions where **drugs** are the primary diagnosis, April 2019 – March 2022



A majority of admissions are through Barts Trust to Newham General Hospital, making up 65% of admissions where drugs are the primary diagnosis

WE ARE NEWHAM.

*Tower Hamlets/City & Hackney



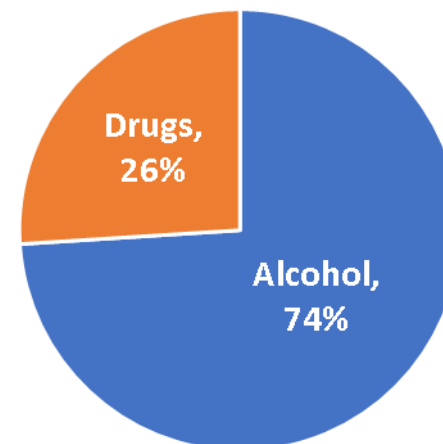
THERE ARE FAR MORE ALCOHOL ADMISSIONS THAN DRUG ADMISSIONS

Emergency admissions April 2019 – March 2022, all ages

Substance misuse type and examples of admission causes	Primary diagnosis Admissions (unique individuals)	Second diagnosis Admissions (unique individuals)	Third diagnosis Admissions (unique individuals)	Total
Alcohol: Withdrawal/acute intoxication/cirrhosis/dependence/alcoholic hepatic failure	925 (522 individuals)	473 (361 individuals)	375 (310 individuals)	1773 (954 ind)
Drugs: Withdrawal/poisoning/psychotic disorder/dependence/amnesic syndrome	320 (283 individuals)	250 (184 individuals)	123 (104 individuals)	693 (548 ind)

Emergency admissions – where alcohol or drugs are recorded as the **primary diagnosis only**:

	Alcohol	Drugs
2019/20	271 (182 ind)	114 (104 ind)
2020/21	354 (231 ind)	119 (104 ind)
2021/22	300 (211 ind)	87 (84 ind)



- Alcohol admissions account for just under $\frac{3}{4}$ of admissions (primary diagnosis)
- Please note** that the same individuals can appear across years or across diagnoses and therefore the total will not be the same as the sum of the parts

WE ARE NEWHAM.

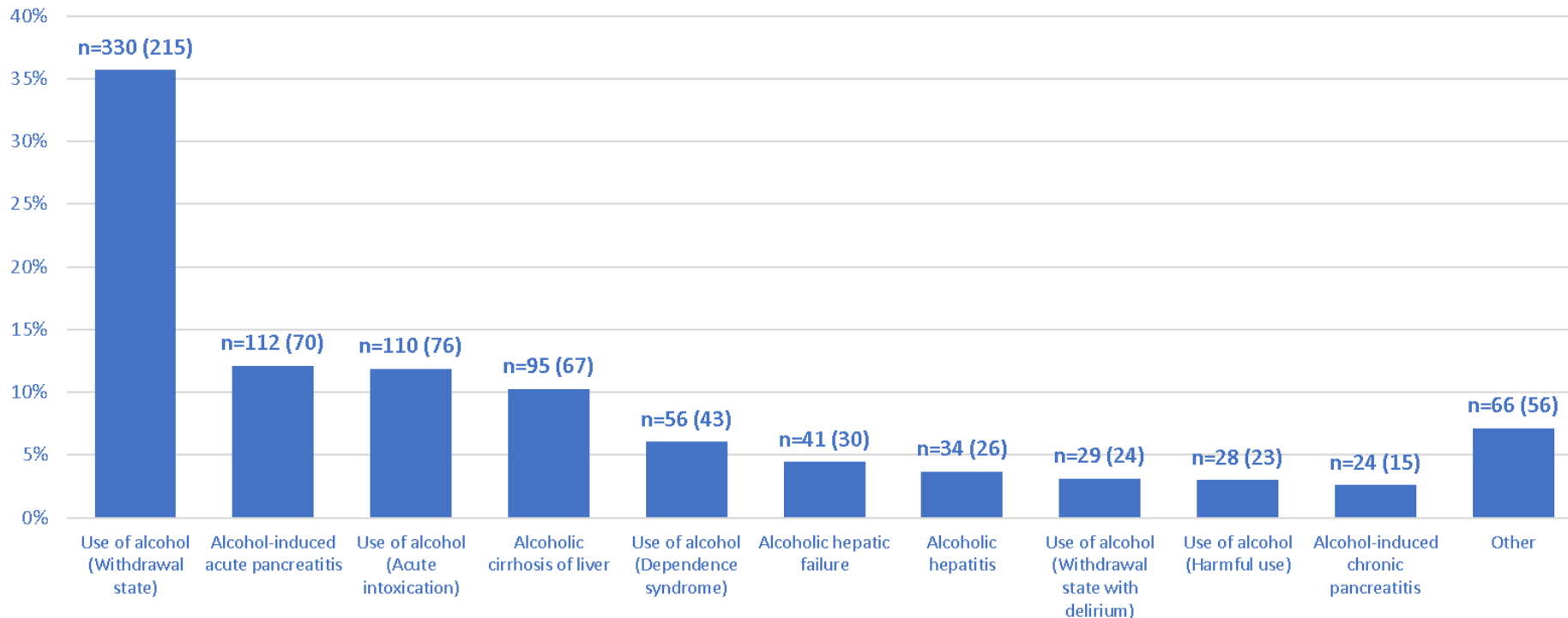
Alcohol related admissions

WE ARE NEWHAM.



WHAT CAUSES MOST EMERGENCY ADMISSIONS DUE TO ALCOHOL?

Top 10 emergency admissions where Alcohol is the primary diagnosis
April 2019 - March 2022



The most common reason for an emergency admission for alcohol is due to Mental and behavioural disorders due to the use of alcohol – withdrawal state

This accounts for over one third of all admissions at 36%, n=330/925 admissions (215 unique patients)

The counts on each bar show the number of admissions and the number in brackets is the number of unique patients

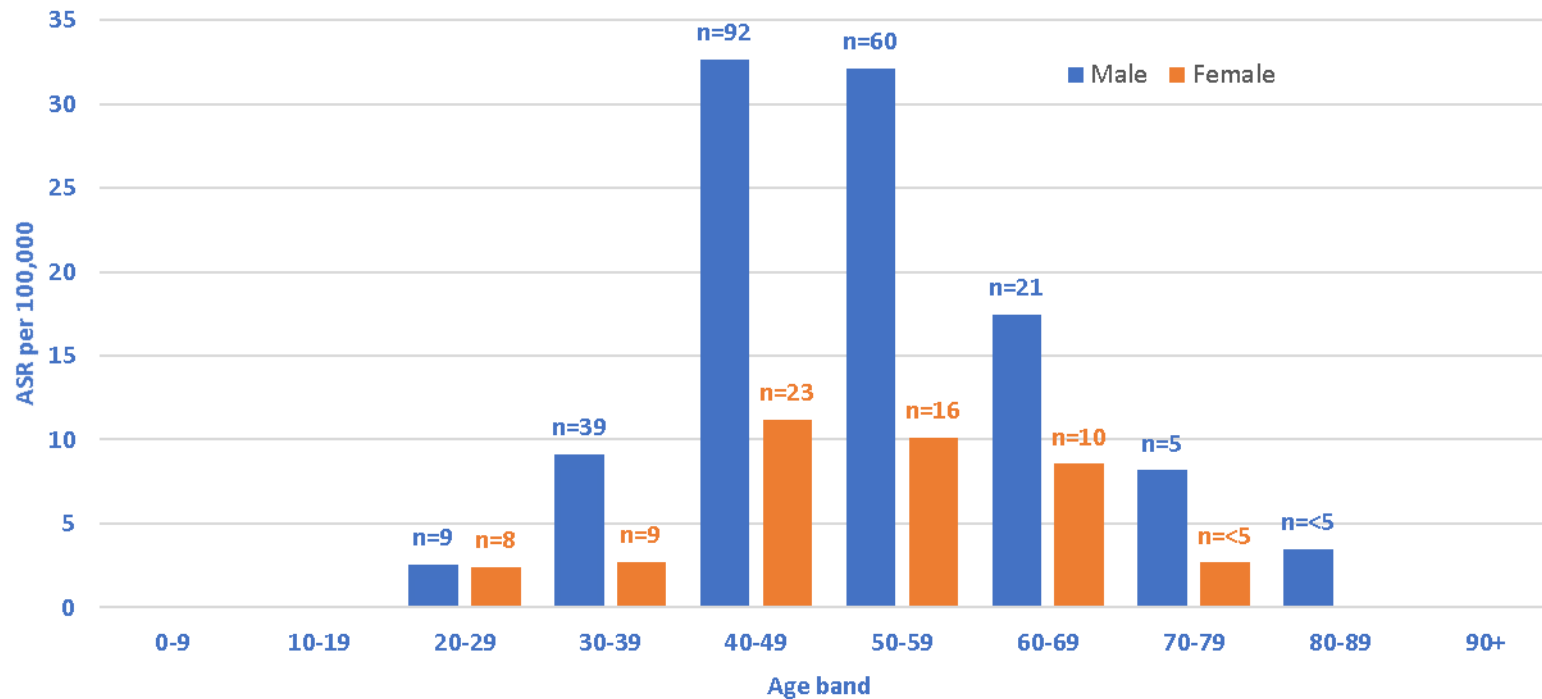
The demographics for these admissions are on the following slide

WE ARE NEWHAM.

Alcohol related admissions

WHAT GENDER AND AGE ARE THEY?

Rates of emergency admissions where alcohol is the primary diagnosis, by age band and gender, 2021/22



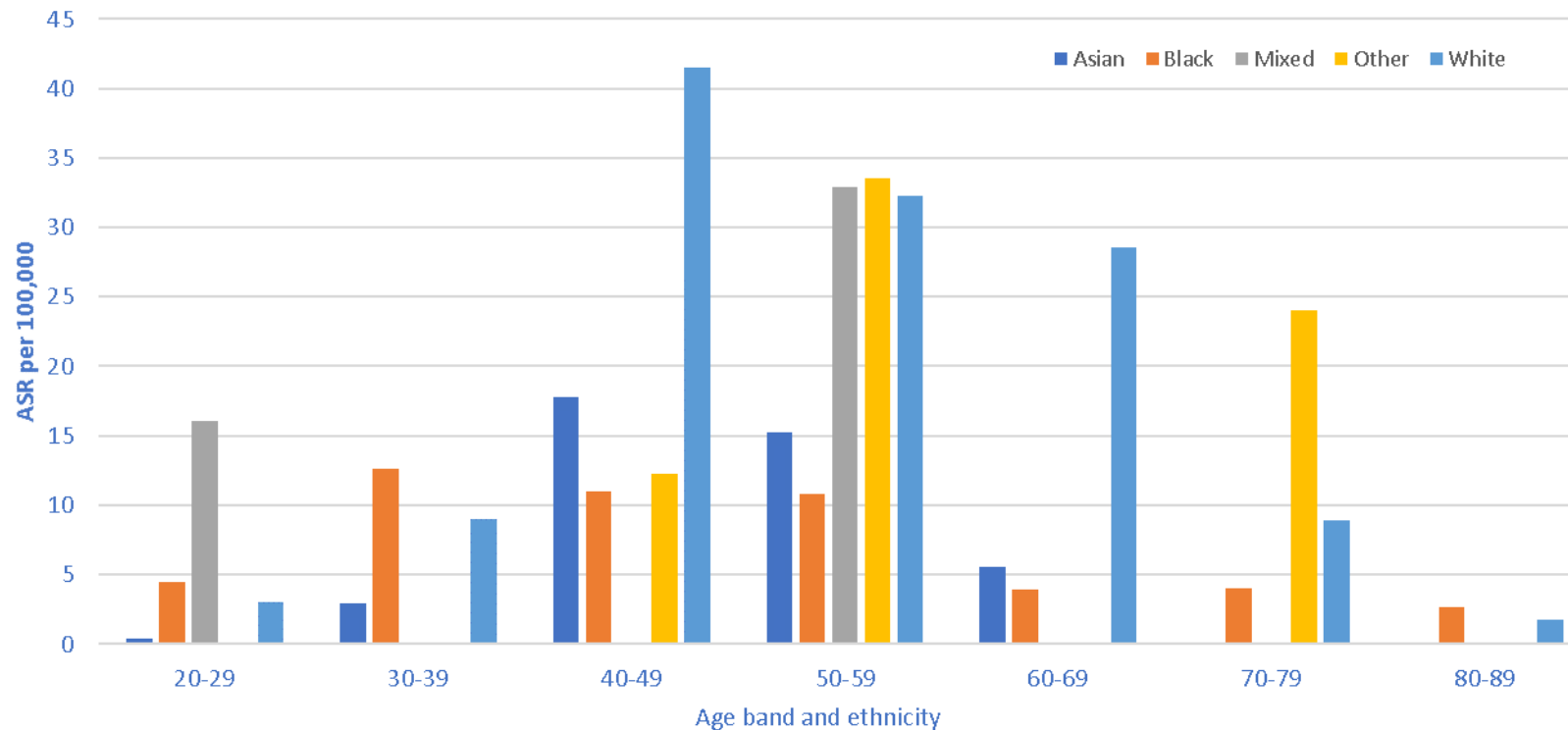
- The graph shows age standardised rates (with counts) for 2021/22 only (n=300)
- The overall rate is 105.5 per 100,000 for males and 37.7 per 100,000 for females
- Males account for 77% of admissions overall
- The age bands of 40-49 and 50-59 show the highest rate of admissions in both males and females
- Males between 40-59 account for 66% of male admissions
- Females between 40-59 account for 57% of female admissions

WE ARE NEWHAM.

Alcohol related admissions

WHAT ETHNICITY AND AGE ARE THEY?

Rate of emergency admissions where alcohol is the primary diagnosis, 2021/22
by ethnicity and age



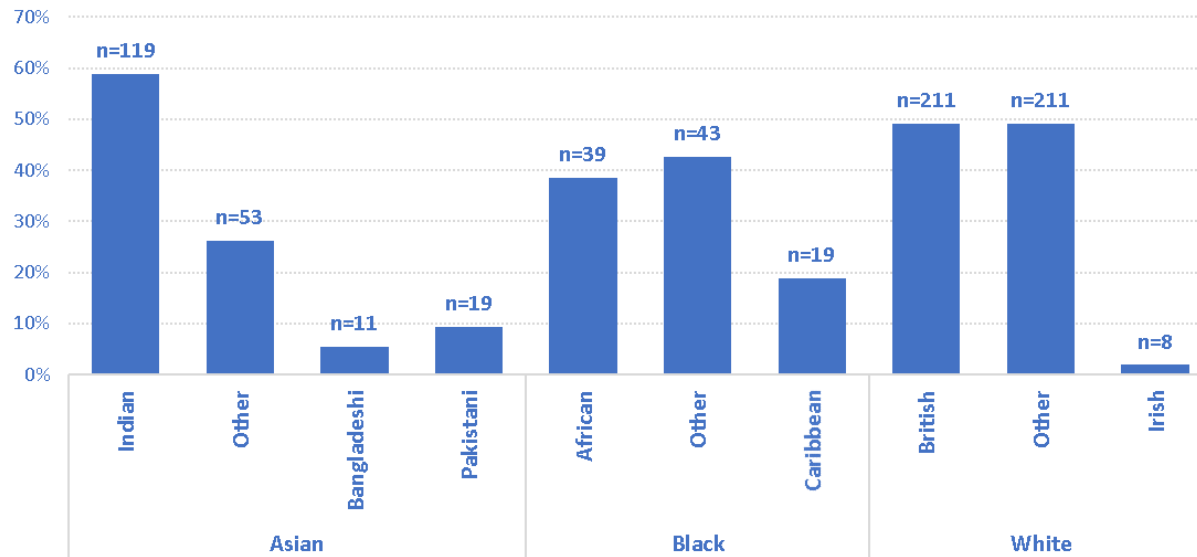
- The graph shows age standardised rates for 2021/22 only
- The overall rates (per 100,000) by ethnicity are as follows:-
 - Asian: 42.0
 - Black: 49.5
 - Mixed: 49.0
 - Other: 69.8
 - **White:125.1**
- Those aged 40-49 and of White ethnicity have the highest rates and white ethnicity rates are high also in the 50-59 and 60-69 age groups
- Numbers for Mixed (n=5) and Other (n=9) ethnicities are low

WE ARE NEWHAM.

Alcohol related admissions

WHAT DO DETAILED ETHNICITY GROUP ADMISSIONS LOOK LIKE?

Emergency Admissions April 2019 - March 2022 by detailed ethnicity



- The graph shows emergency admissions (where alcohol is the primary diagnosis) showing detailed ethnicity of the top 3 (highest number) ethnic groups
- For those of **White** ethnicity, admissions from **White British and White Other** groups accounted for a majority of admissions (23% of all admissions each). (White Other includes Irish, European and Eastern European ethnicities)
- For those of Asian ethnicity, those of Indian ethnicity make up the highest proportion and make up 13% of all admissions
- For those of Black ethnicity, Other Black account for the highest proportion (5% of all admissions)

WE ARE NEWHAM.

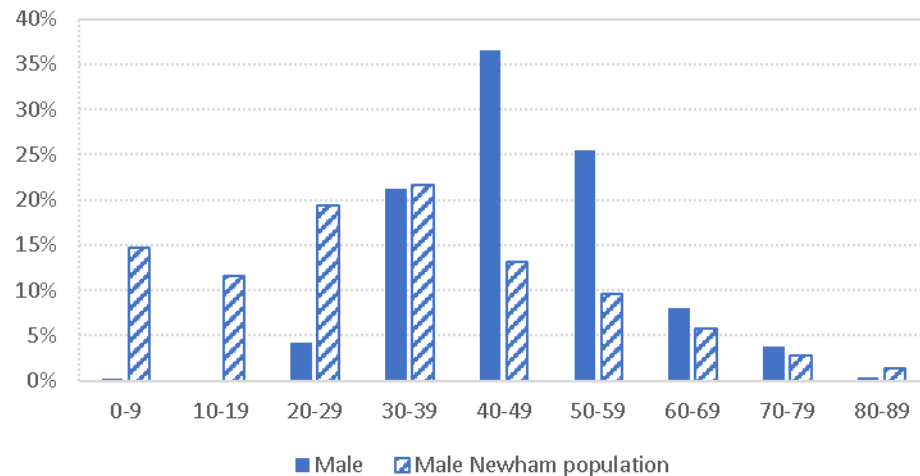
Alcohol related admissions



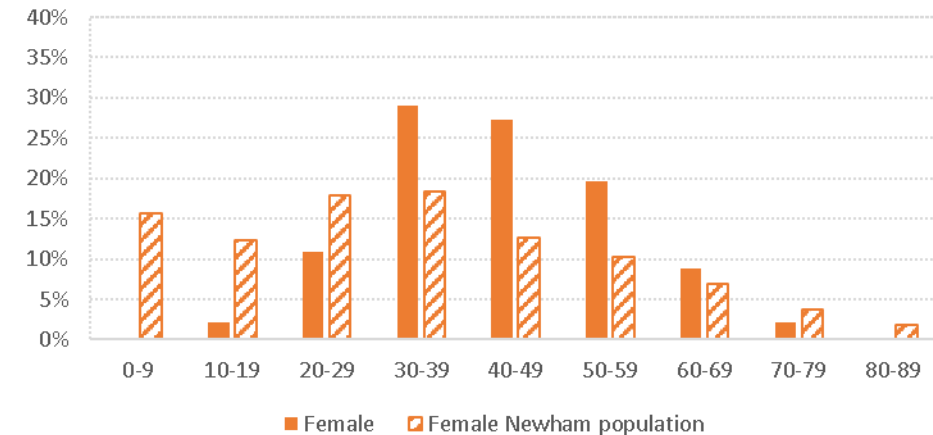
HARM IS OCCURRING IN YOUNGER FEMALES

Demographics for emergency admissions where alcohol is the primary diagnosis

Emergency admissions April 2019 - March 2022 - Males



Emergency admissions April 2019 - March 2022 - Females



- The graphs above show the percentage of admissions compared to the proportion of the general population, split by age and gender
- For both genders, the proportion of admissions is higher in the 40-49 and 50-59 age bands
- For **females** the proportion of admissions is also **higher** in the **30-39** age band compared with the population
- Also for females, more admissions occur in younger ages

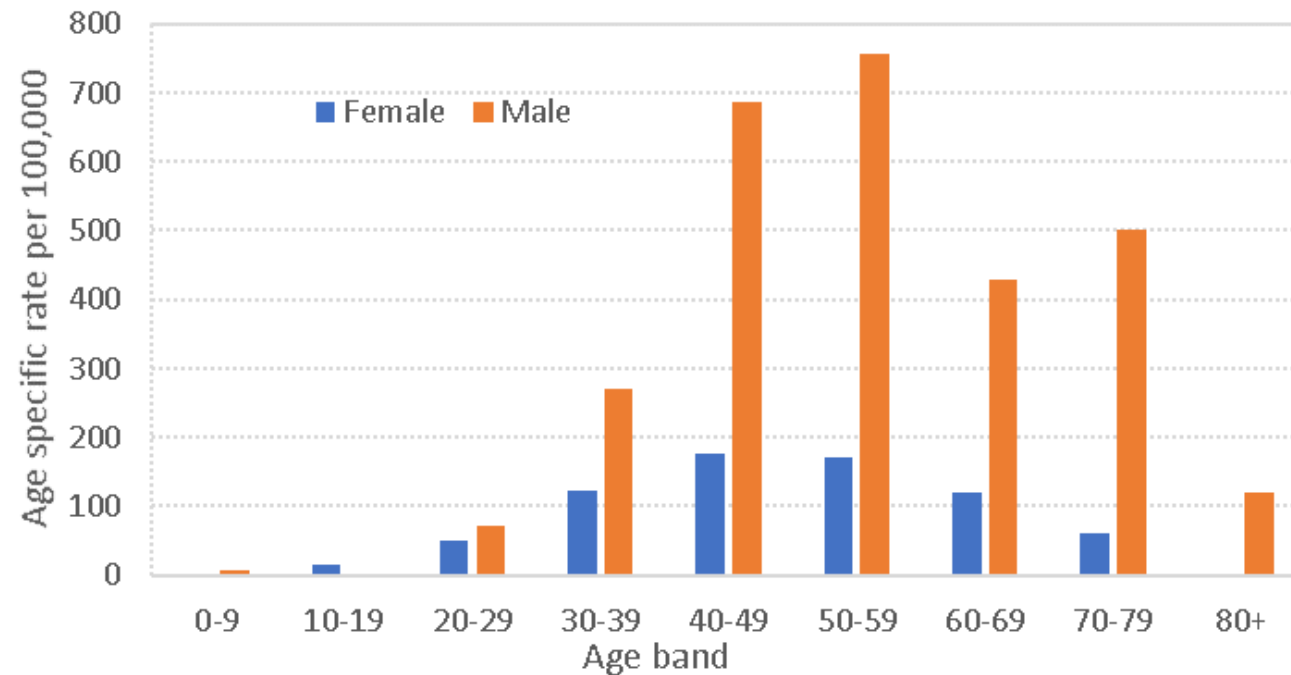
WE ARE NEWHAM.

Alcohol related admissions

BUILDING A
FAIRER
NEWHAM

Age-specific rates are high for males aged 30+

Emergency admission rates April 2019 - March 2022



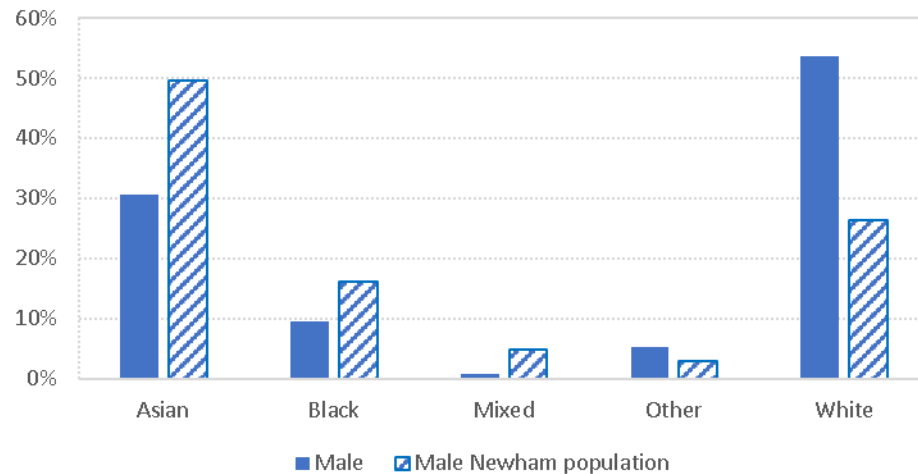
WE ARE NEWHAM.

Alcohol related admissions

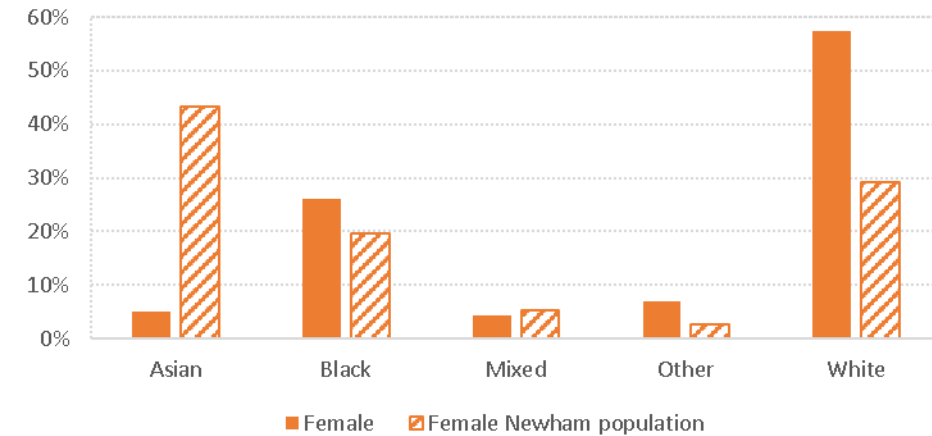
HOW DOES THE PROPORTION OF ADMISSIONS COMPARE WITH THE POPULATION? (Ethnicity/gender)

Demographics for emergency admissions where alcohol is the primary diagnosis

Emergency admissions April 2019 - March 2022 - Males



Emergency admissions April 2019 - March 2022 - Females



- The graphs above show the percentage by ethnicity of admissions compared to the percentage of population, for males and females
- For **both genders**, the proportion of admissions by those of **White ethnicity is high compared to that proportion of the population**
- **Black females** show a higher proportion of emergency admissions when compared to the proportion of the population (n=41)
- The proportion of admission by those of **Asian ethnicity is low** compared to that proportion of the population

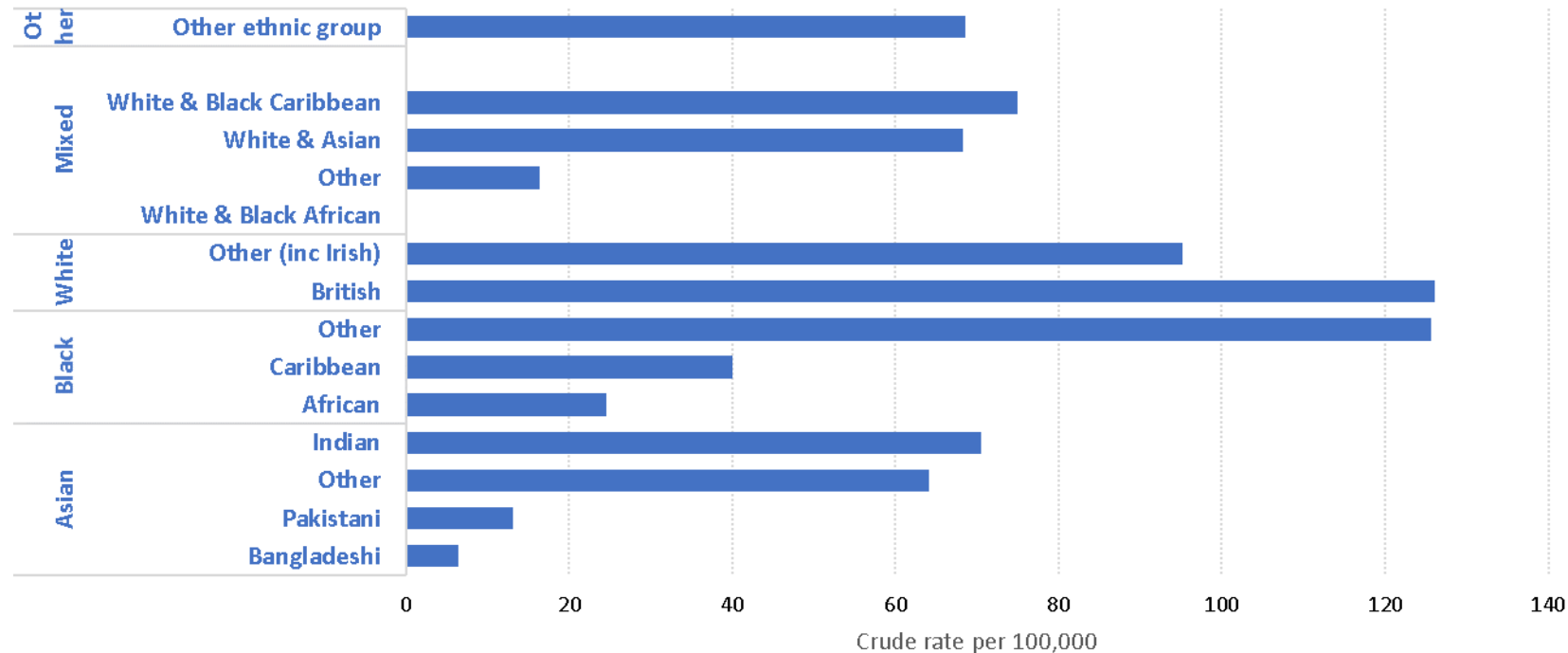
WE ARE NEWHAM.

Alcohol related admissions

BUILDING A
FAIRER
NEWHAM

EMERGENCY ADMISSION RATES BY ETHNICITY

Emergency Admission rates in 2021 by detailed ethnicity



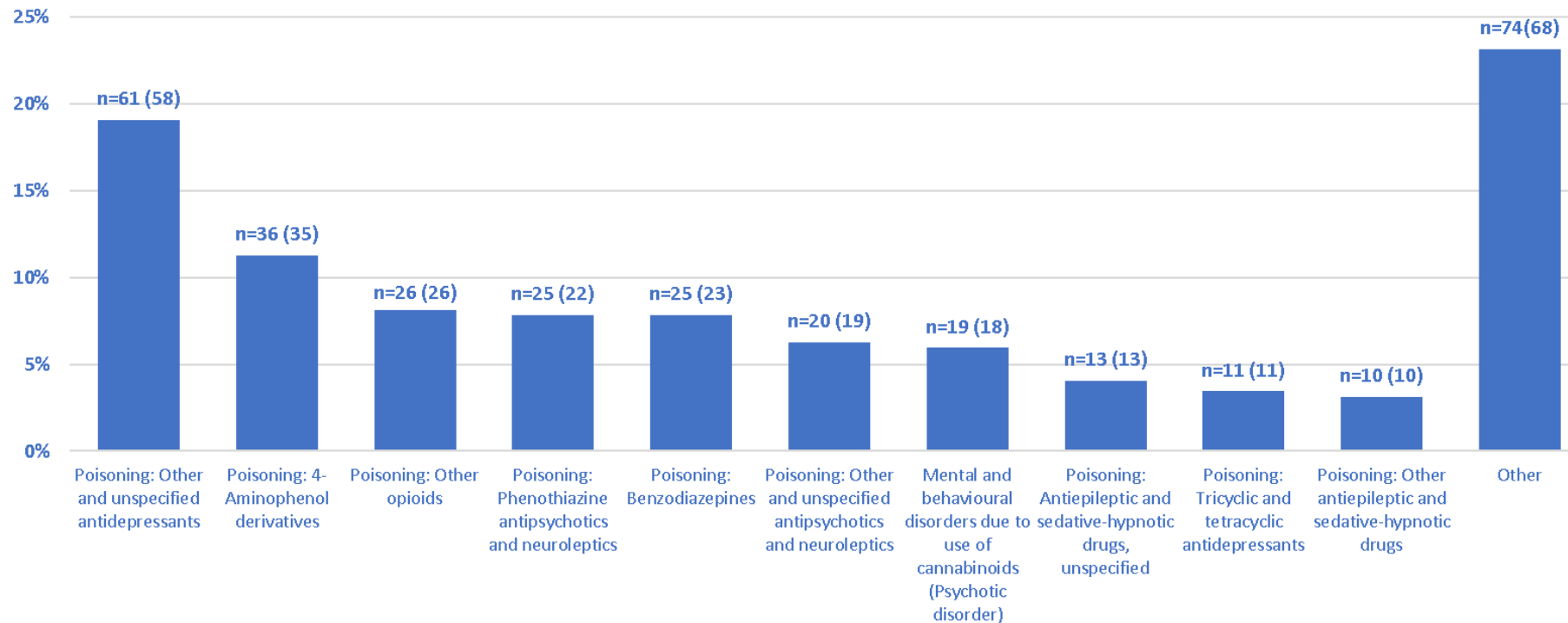
WE ARE NEWHAM.

Alcohol related admissions

Drug related admissions

WHAT CAUSES MOST EMERGENCY ADMISSIONS DUE TO DRUGS?

Top 10 emergency admissions where Drug admissions are the primary diagnosis
April 2019 - March 2022



The most common reason for an emergency admission for drugs is due to poisoning by antidepressants

This accounts for nearly a fifth of all admissions at 19% (n=61/320, 58 unique patients)

The counts on each bar show the number of admissions and the number in brackets is the number of unique patients

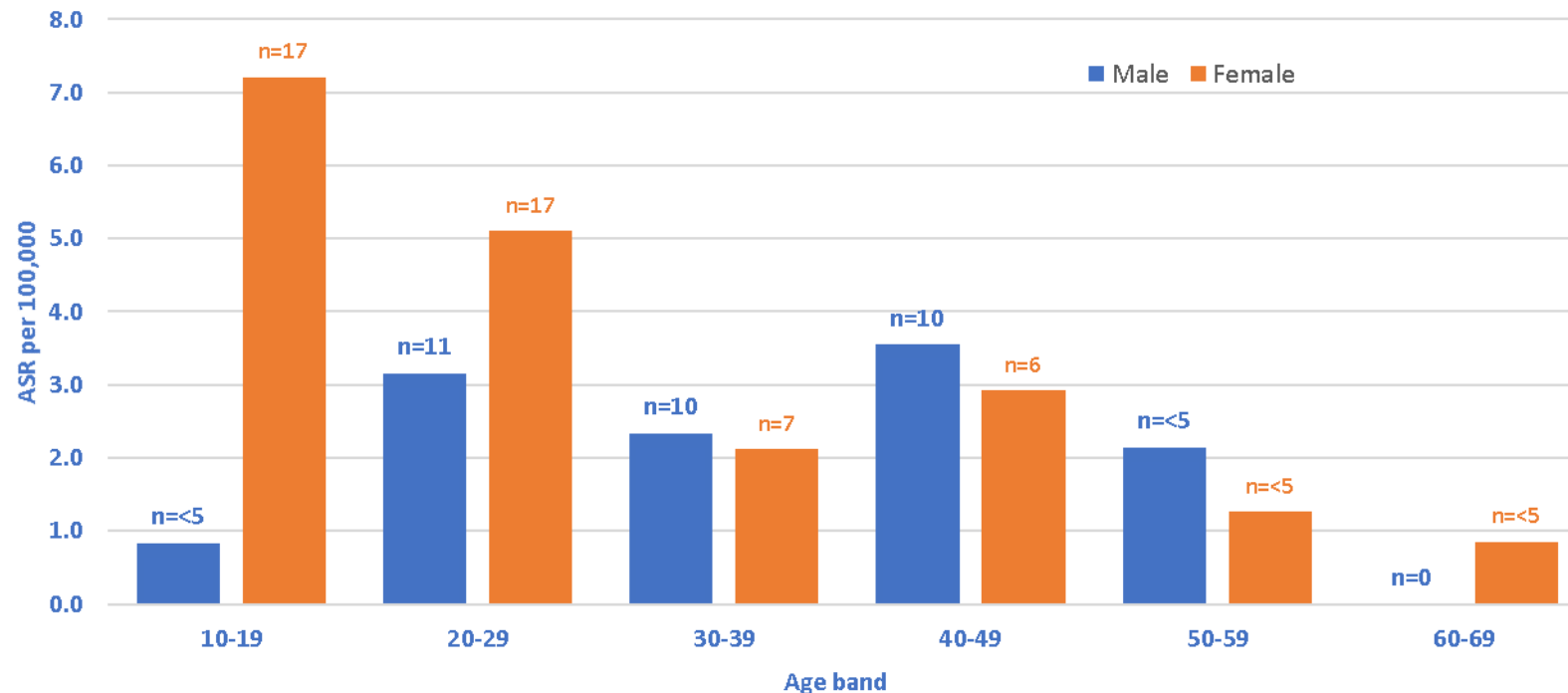
The demographics for these admissions are on the following slide

WE ARE NEWHAM.

Drug related admissions

WHAT GENDER AND AGE ARE THEY?

Rates of emergency admissions where drugs are the primary diagnosis, by age band and gender, 2021/22



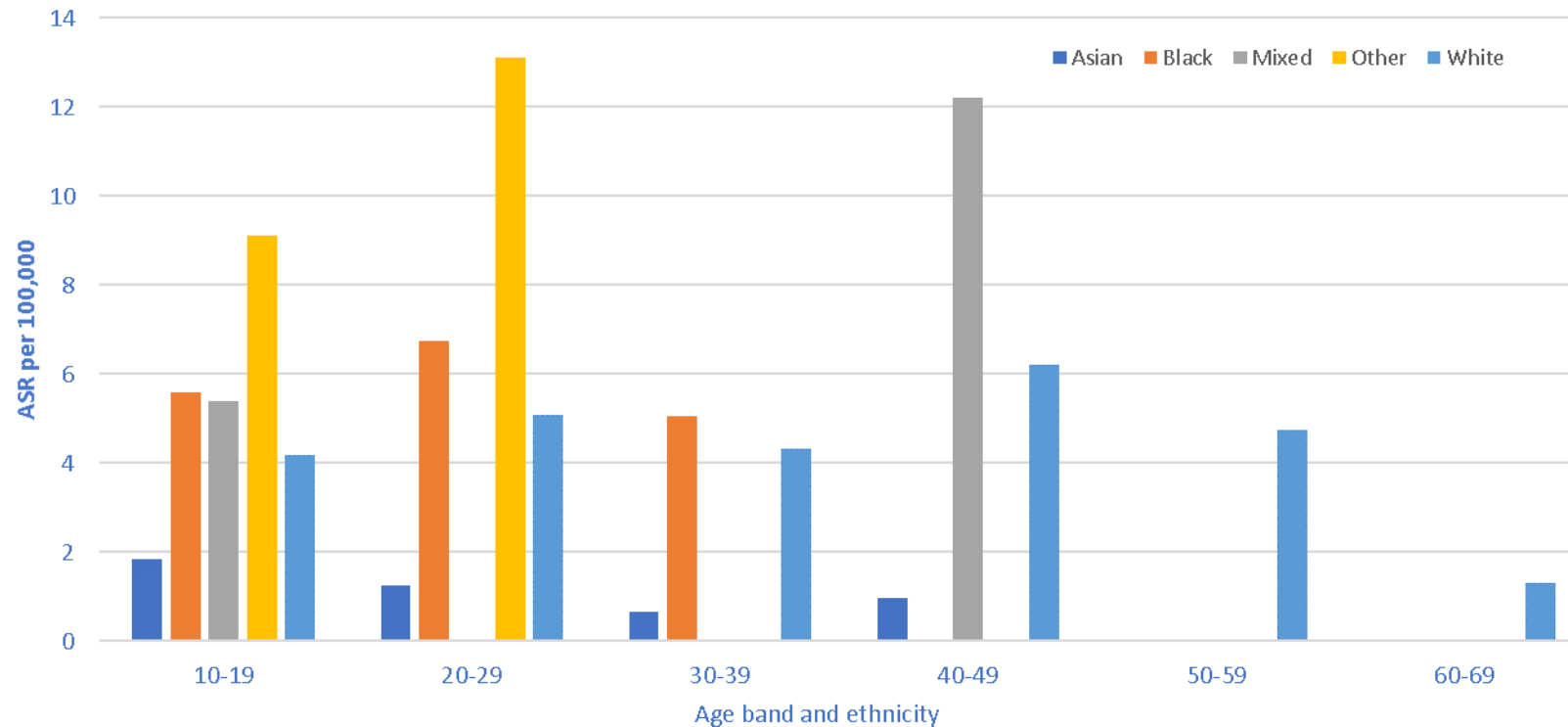
- The graph shows age standardised rates (with counts) for 2021/22 only
- Overall rates:
 - 12.0 per 100,000 for males
 - **19.5 per 100,000 for females**
- **Females** account for **57%** of admissions overall
- Females show higher rates of admissions in younger age bands, 10-19 and 20-29
- Males show higher rates of admissions in middle-aged bands, 40-49 years

WE ARE NEWHAM.

Drug related admissions

WHAT ETHNICITY AND AGE ARE THEY?

Rate of emergency admissions where drugs are the primary diagnosis, 2021/22
by ethnicity and age



- The graph shows age standardised rates for 2021/22 only (n=87)
- The overall rates (per 100,000) by ethnicity are as follows:-
 - Asian: 4.7
 - Black: 17.4
 - Mixed: 17.6
 - Other: 22.2
 - **White: 25.9**
- Of note are the Mixed and Other groups (in age brackets 40-49, and 10-19 and 20-29 respectively) for their higher rates

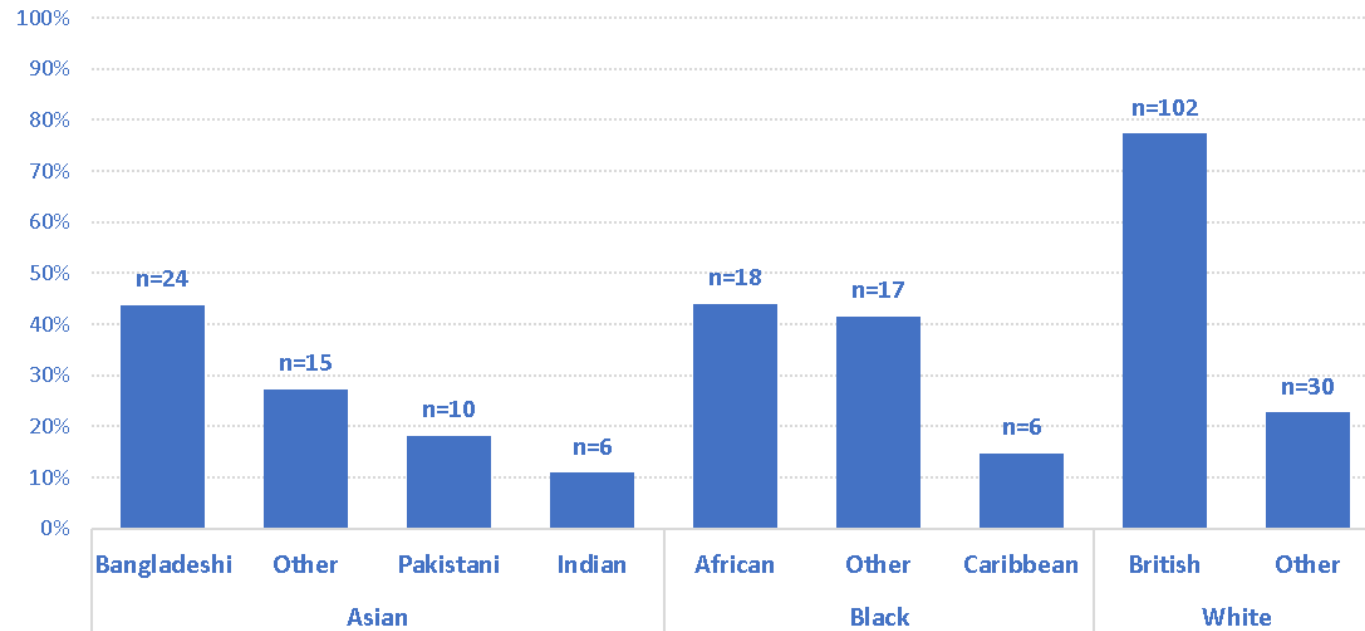
WE ARE NEWHAM.

Drug related admissions

BUILDING A
FAIRER
NEWHAM

WHAT DO DETAILED ETHNICITY GROUP ADMISSIONS LOOK LIKE?

Emergency Admissions April 2019 - March 2022 by detailed ethnicity



- The graph shows emergency admissions (where drug related admissions are the primary diagnosis) showing detailed ethnicity of the top 3 (highest number) ethnic groups
- For those of **White** ethnicity, admissions from **White British** groups accounted for a majority of admissions (32%)
- For those of Asian ethnicity, those of Bangladeshi ethnicity make up the highest proportion and make up 8% of all admissions
- For those of Black ethnicity, Black African account for the highest proportion (6% of all admissions)

WE ARE NEWHAM.

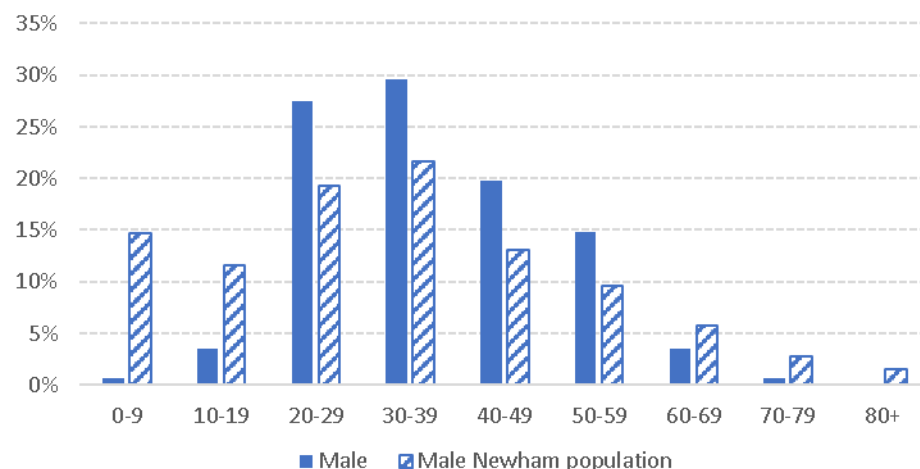
Drug related admissions



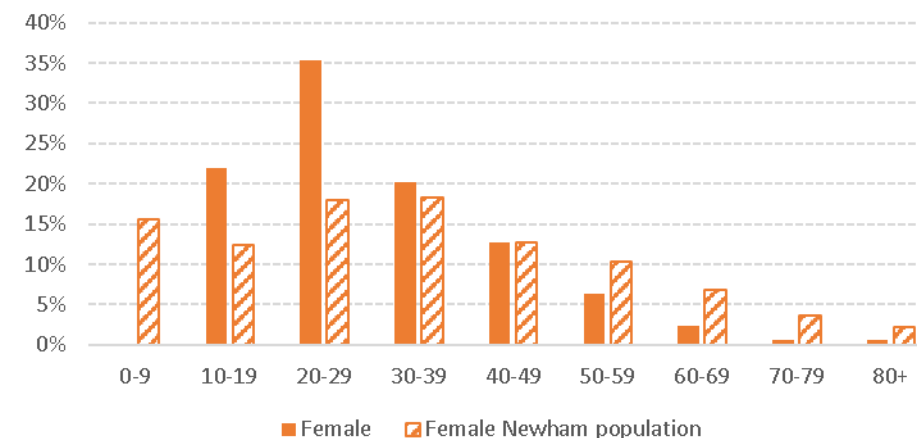
HARM IS OCCURRING IN YOUNGER FEMALES

Demographics for emergency admissions where the primary diagnosis is drug-related

Emergency admissions April 2019 - March 2022 - Males



Emergency admissions April 2019 - March 2022 - Females



- The graphs above show the percentage of admissions compared to the proportion of the general population, split by age and gender
- For **both genders**, the proportion of admissions is much higher in the **20-29 age band**
- For males, the proportion of admissions is higher than the proportion of the population in all age bands from 20-59
- For females, the proportion of admissions is higher than the proportion of the population in age bands from 10-39

WE ARE NEWHAM.

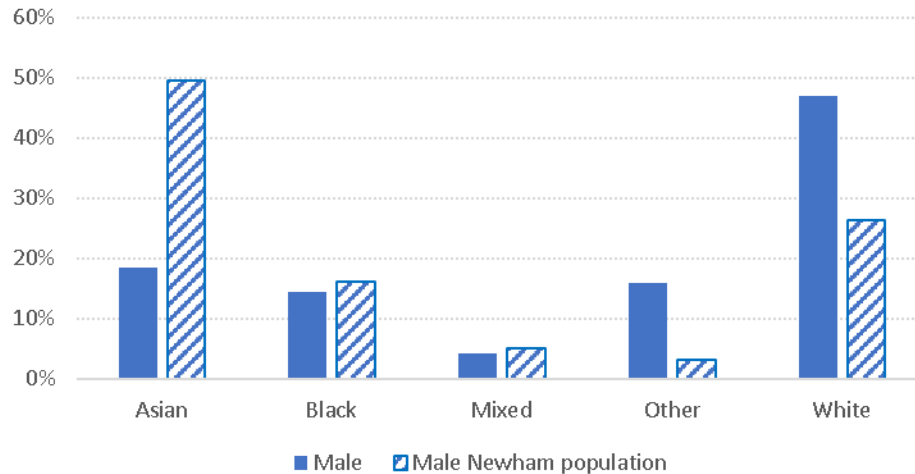
Drug related admissions



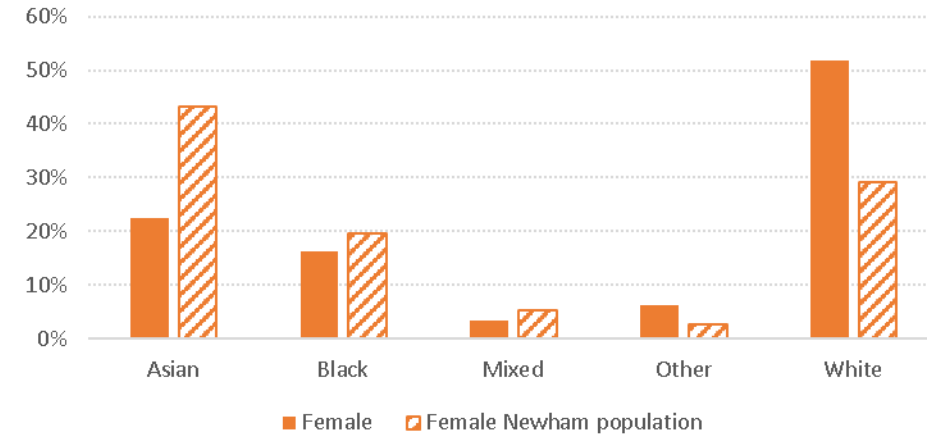
HOW DOES THE PROPORTION OF ADMISSIONS COMPARE WITH THE POPULATION? (Ethnicity/gender)

Demographics for emergency admissions where the primary diagnosis is drug related

Emergency admissions April 2019 - March 2022 - Males



Emergency admissions April 2019 - March 2022 - Females



- The graphs above show the percentage by ethnicity of admissions compared to the percentage of population, for males and females
- For **both genders**, the proportion of admissions by those of **White ethnicity is high compared to that proportion of the population**
- **Other Males** show a higher proportion of emergency admissions when compared to the proportion of the population (n=19)
- The proportion of admission by those of **Asian ethnicity is low in both genders** compared to that proportion of the population

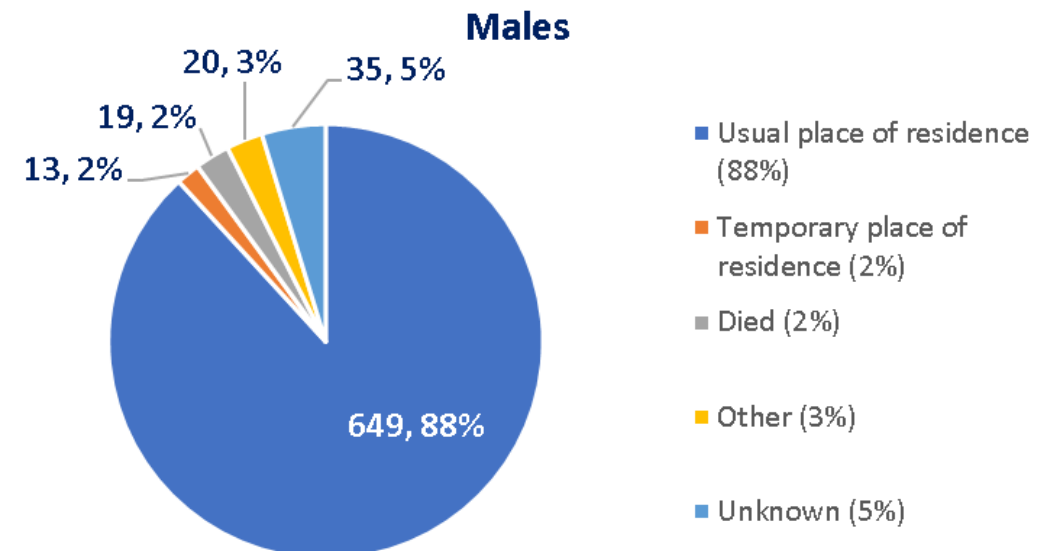
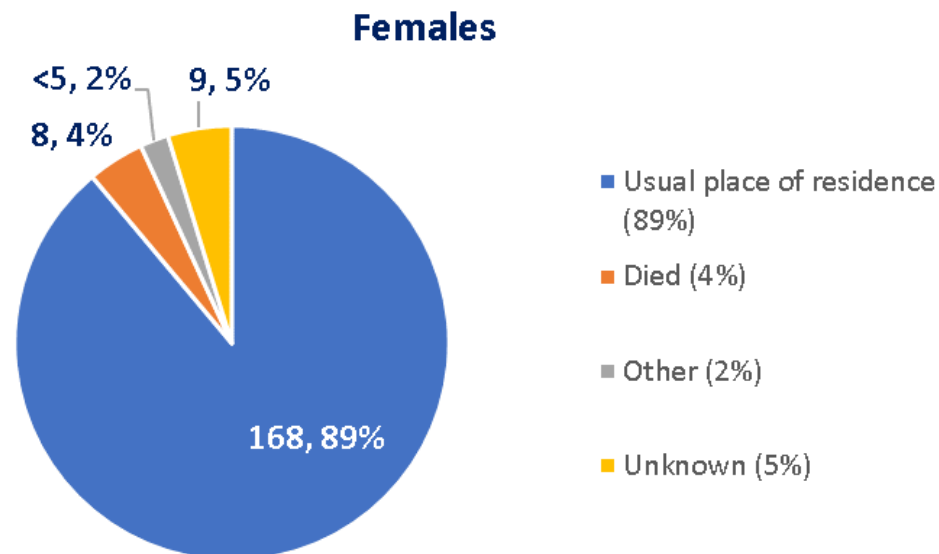
WE ARE NEWHAM.

Drug related admissions

BUILDING A
FAIRER
NEWHAM

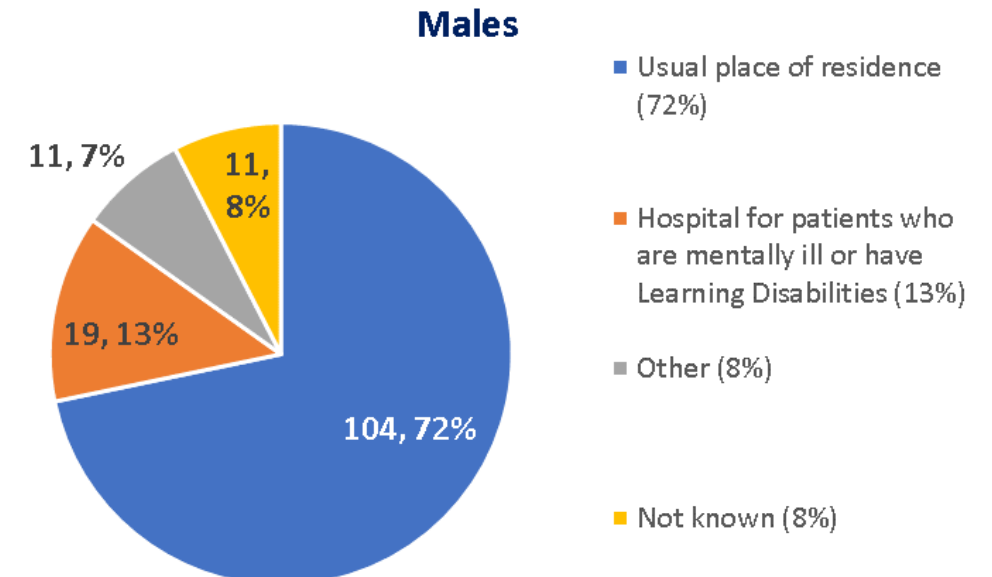
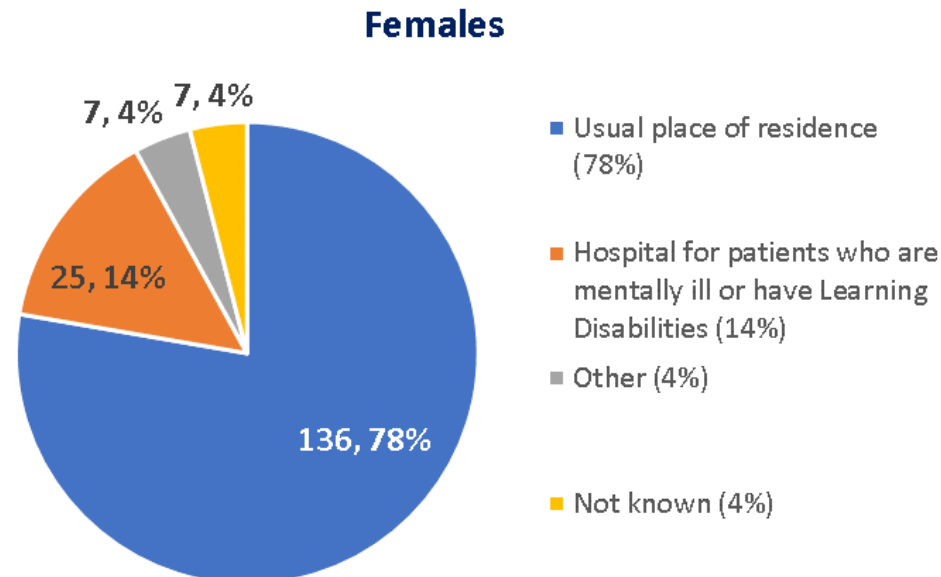
DISCHARGE DESTINATIONS - ALCOHOL

- A majority of patients were discharged to their usual place of residence (88%, n=817/925)
- 3% of patients died (n=27)
- 1% (n=13) of patients were discharged to a temporary place of residence (including hotel, residential/educational establishment) - these were all males and between the ages of 30-69
- 5% had no discharge destination recorded
- 3% were discharged elsewhere – including foster care, care homes, hospice, other hospitals
- A split by gender is shown in the pie charts below:



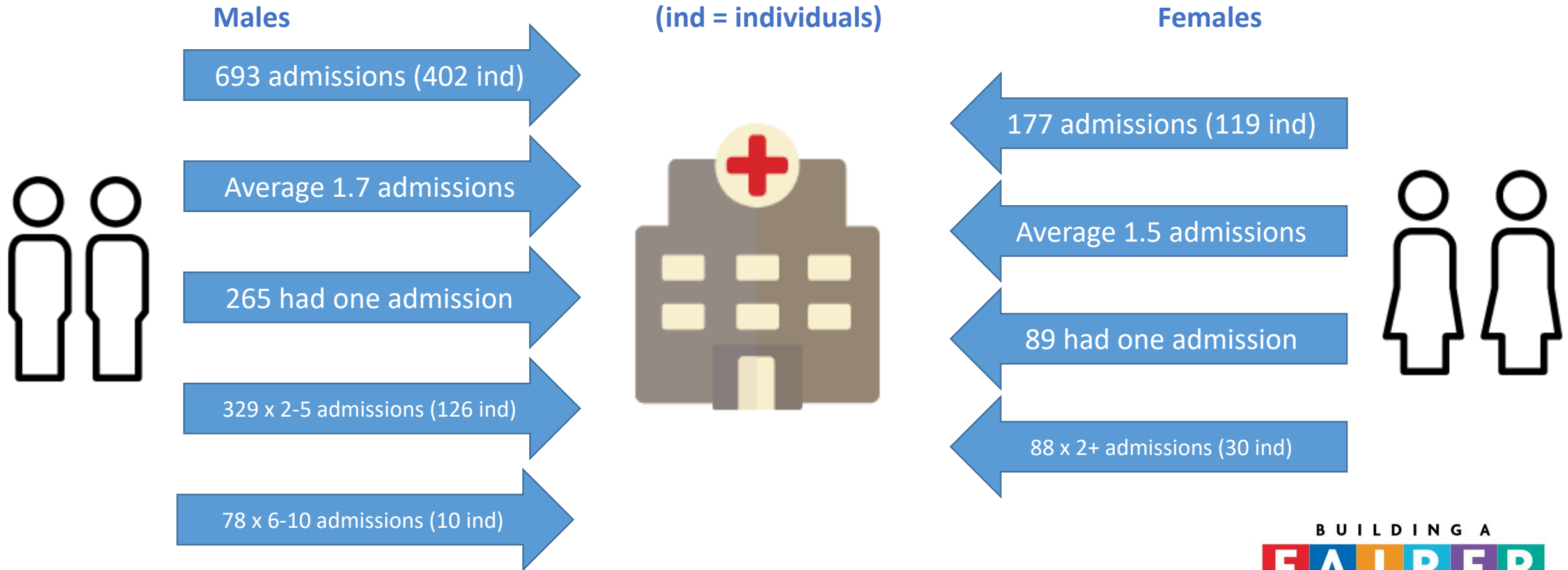
DISCHARGE DESTINATIONS - DRUGS

- A majority of patients were discharged to their usual place of residence (75%, n=240/320)
- 14% (n=44) were discharged to hospitals for patients who have mental health diagnoses or learning disabilities
- 4% (n=7) were discharged elsewhere, including high security psychiatric hospitals, penal establishments or police stations, hospice, or died
- 7% had no discharge destination recorded
- A split by gender is shown in the pie charts below:



REPEAT ADMISSIONS – ALCOHOL

Emergency admissions April 2019 – March 2022 where alcohol is the primary reason for admission

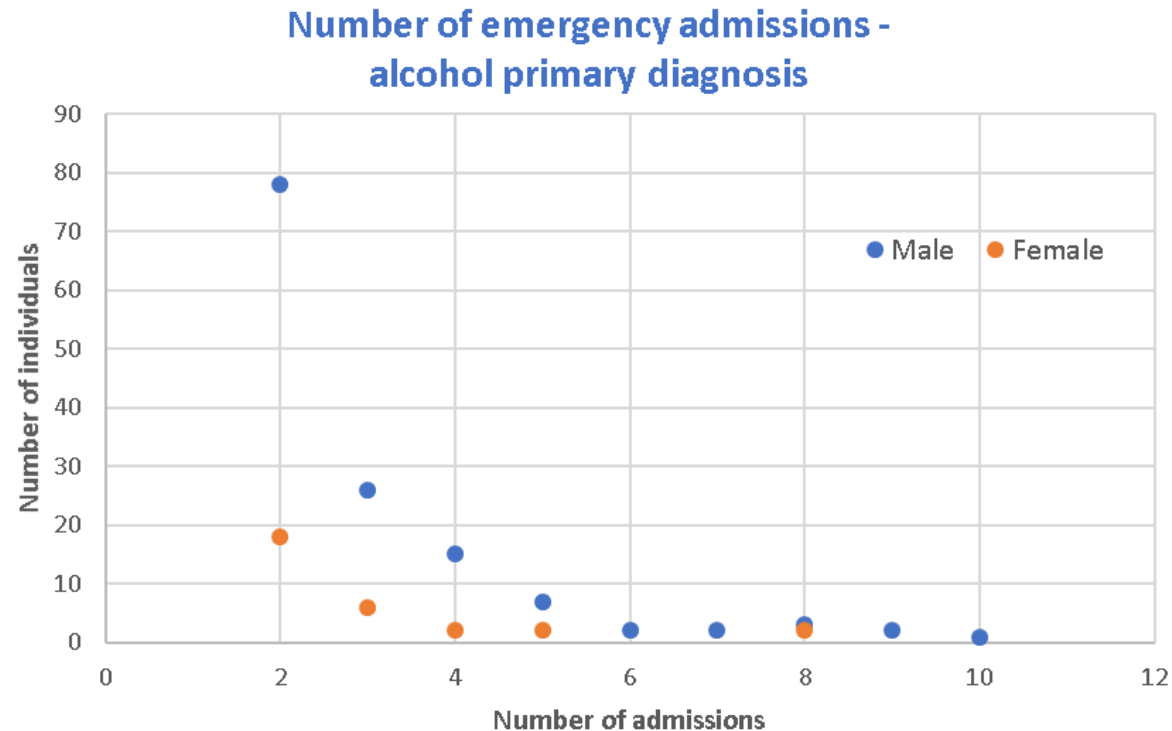


WE ARE NEWHAM.



REPEAT ADMISSIONS – ALCOHOL

Emergency admissions April 2019 – March 2022 where alcohol is the primary reason for admission

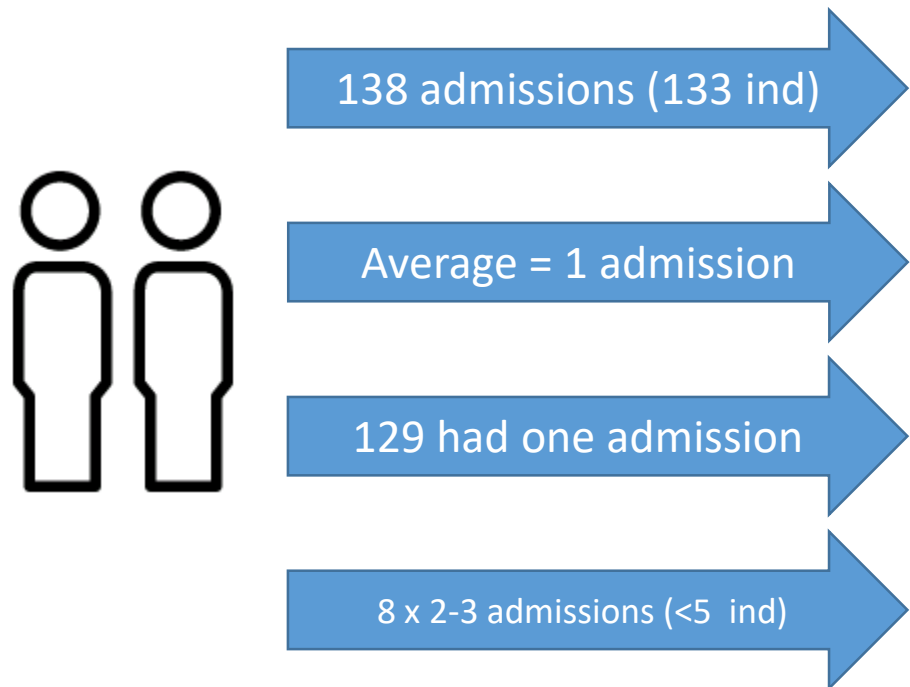


- Those with one admission have been omitted from the scatterplot to make the data easier to read but for males there were 265 single admissions and females 89
- A large number of males (78) had 2 admissions compared to 18 females

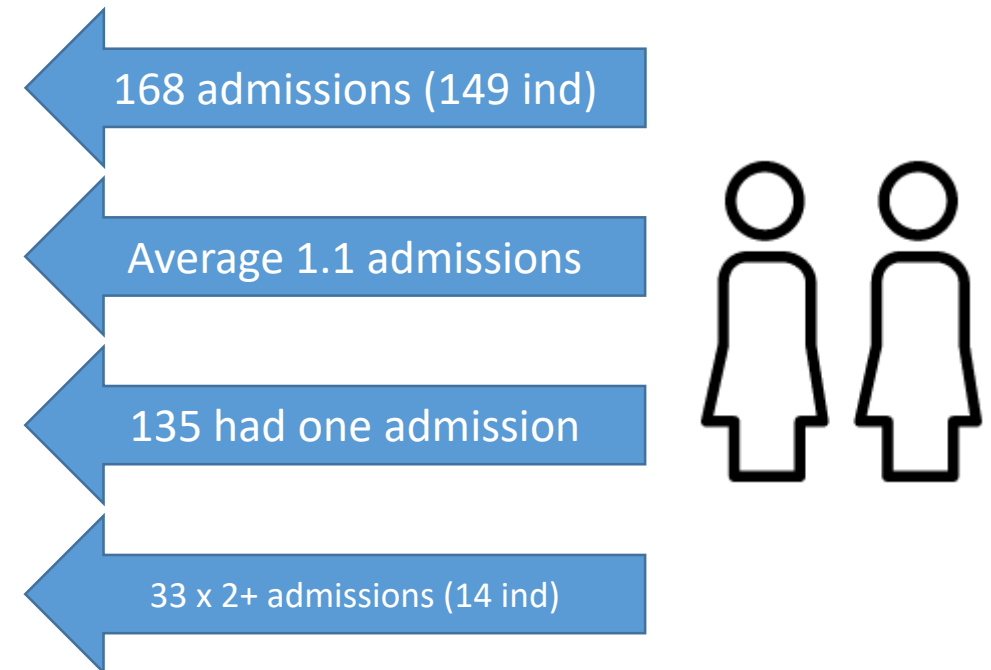
REPEAT ADMISSIONS – DRUGS

Emergency admissions April 2019 – March 2022 where drug issues are the primary reason for admission

Males



Females



WE ARE NEWHAM.

- Drug-related admissions were much lower than alcohol admissions
- There were more drug admissions for females than males (opposite for alcohol)

BUILDING A
FAIRER
NEWHAM

SUMMARY – HOSPITAL ADMISSIONS

During the time period April 2019 – March 2022, where drug/alcohol admissions were the **primary diagnosis** and the method of admission was **emergency**:

- **94.2%** of drug of alcohol related admissions were via Accident and Emergency
- The main reason for admission in both drugs and alcohol was withdrawal/dependence

Alcohol admissions:

- Males account for the majority of admissions (77%)
- The age of the majority of males and females who are admitted are between 40-59
- Those of white ethnicity (British and Other) account for 53% of admissions (where ethnicity is known, n=422/790)
- Males had on average 1.7 admissions compared to 1.5 for females
- A higher number of males (n=78) had 2 admissions compared to 18 females

Drug admissions:

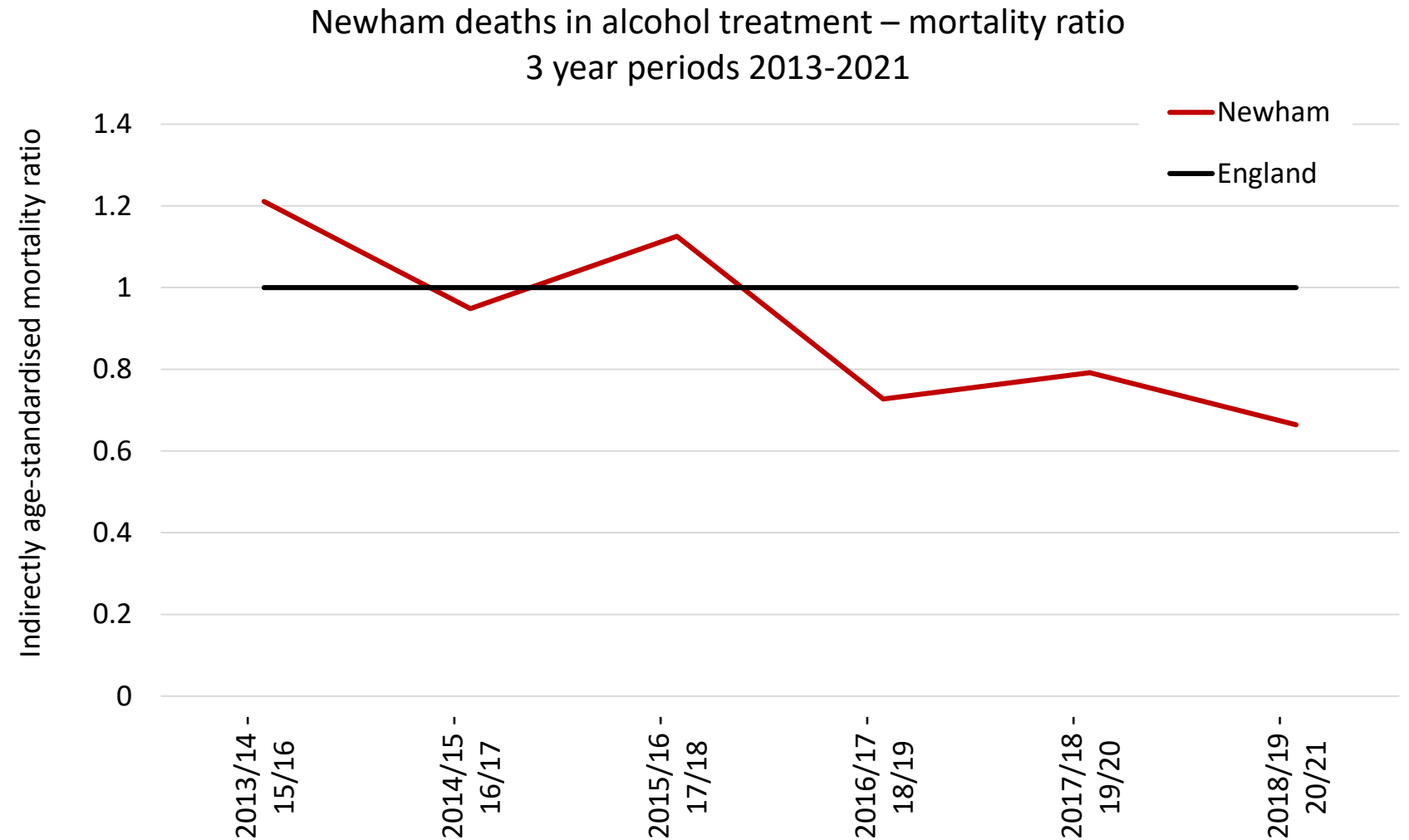
- Females account for the majority of admissions (57%)
- The majority of female admissions are in the younger age bands, 10-19 and 20-29
- The majority of male admissions are in the middle age bands, 40-49
- Those of white British ethnicity account for 32% of admissions
- Males had on average 1 admission compared to 1.1 admissions for females

Substance misuse mortality

Alcohol dependency Mortality ratio

- Compared to England, Newham has improved its mortality ratio of individuals in alcohol treatment since 2013/14 and now has a lower mortality ratio compared to England.

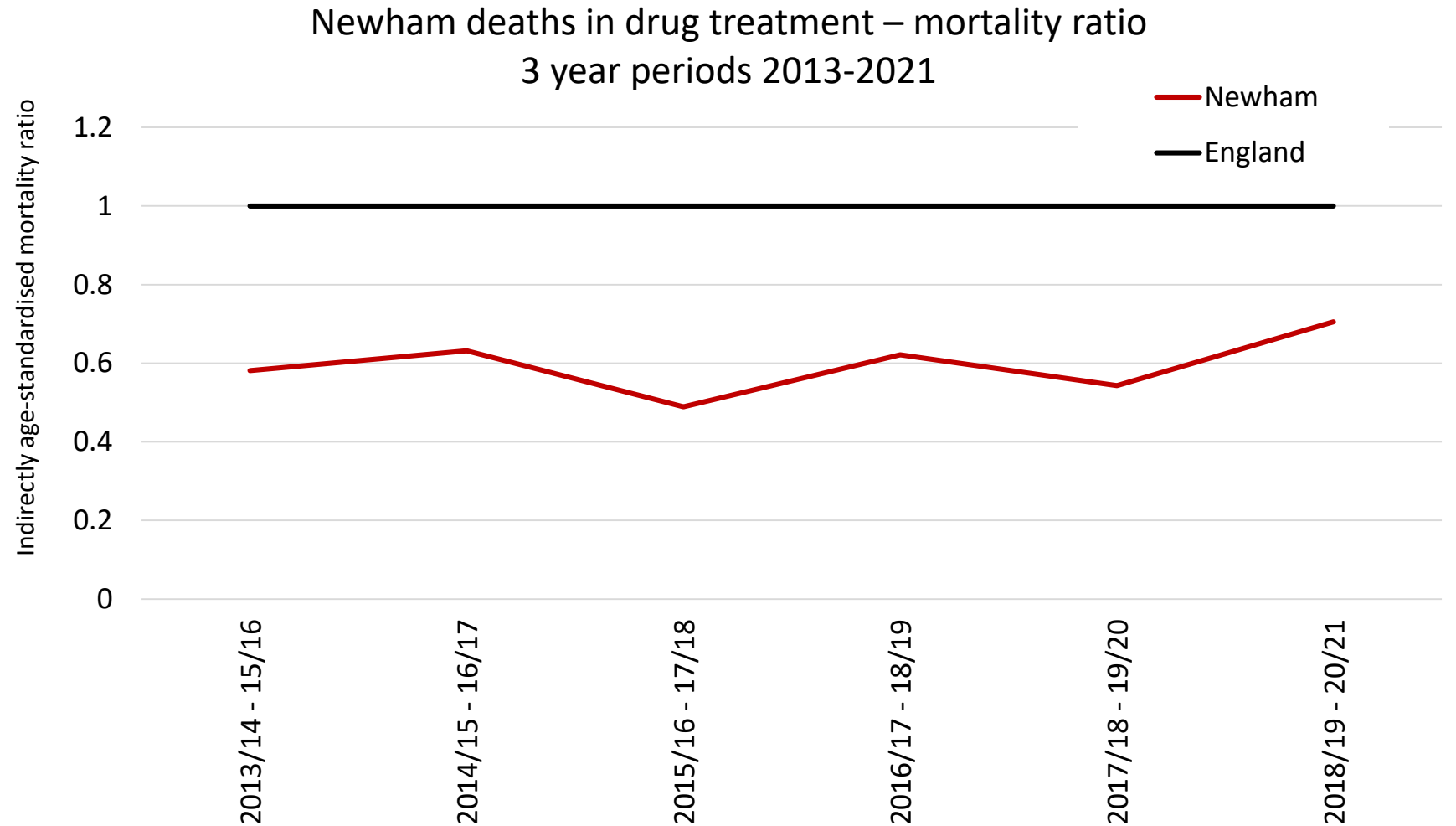
WE ARE NEWHAM.



Drug treatment Mortality ratio



- Newham's deaths in treatment mortality ratio has remained below England since 2013/14 but is slightly increasing.



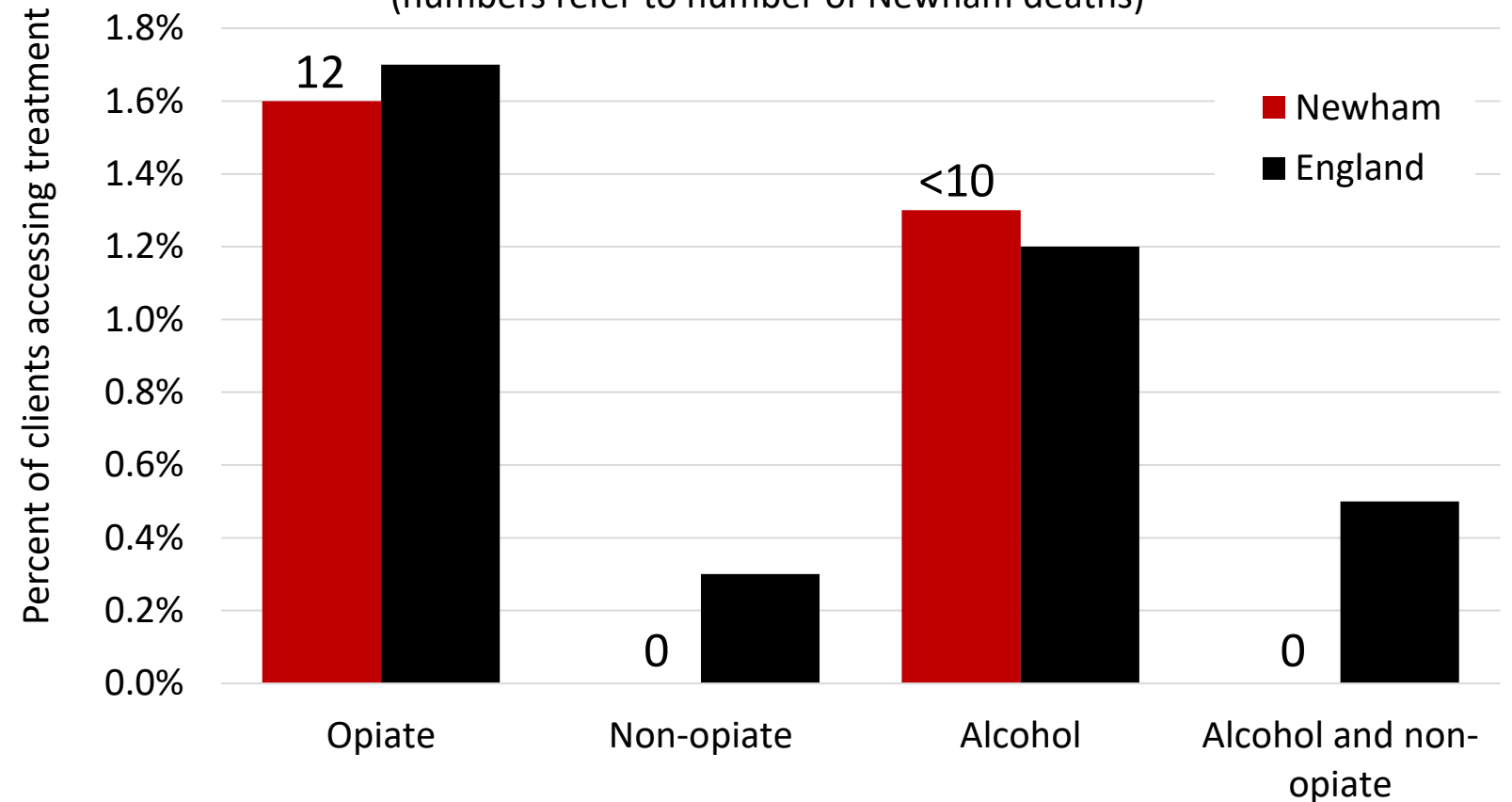
WE ARE NEWHAM.

Deaths in treatment

- Newham deaths in treatment approximately correspond to the national average, but with no deaths among non-opiate or alcohol and non-opiate clients in treatment.
- Please note that not all deaths while in treatment may be drug-related.

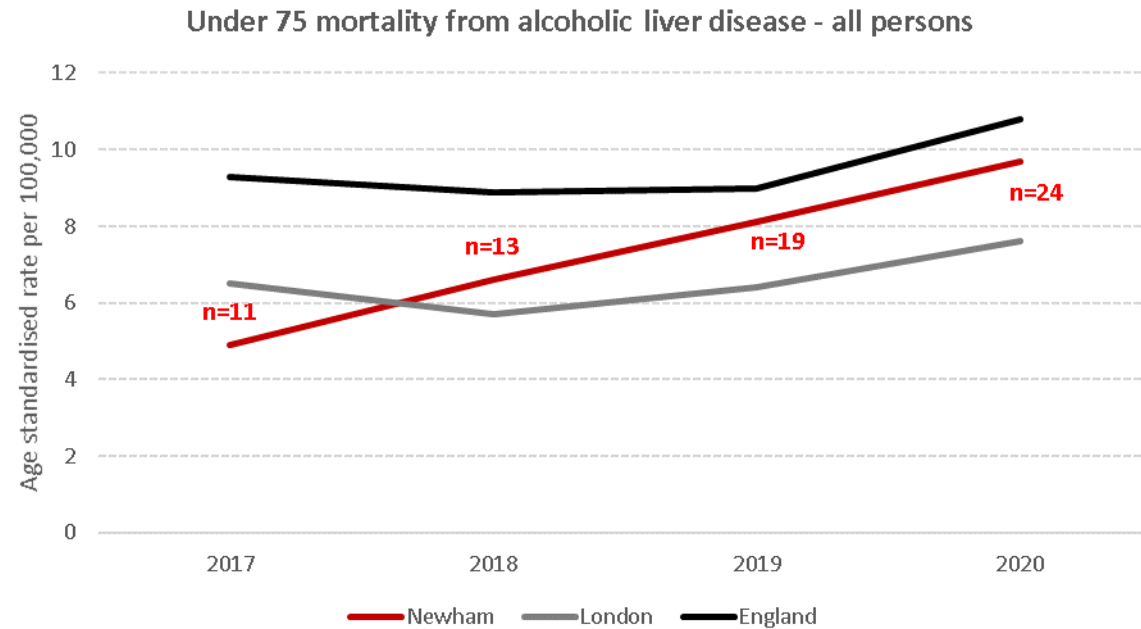
WE ARE NEWHAM.

Clients accessing treatment between 01/04/2021 and 31/03/2022 who died
(numbers refer to number of Newham deaths)



Source: NDTMS

PREMATURE MORTALITY (deaths under 75 years of age) ALCOHOLIC LIVER DISEASE – national data

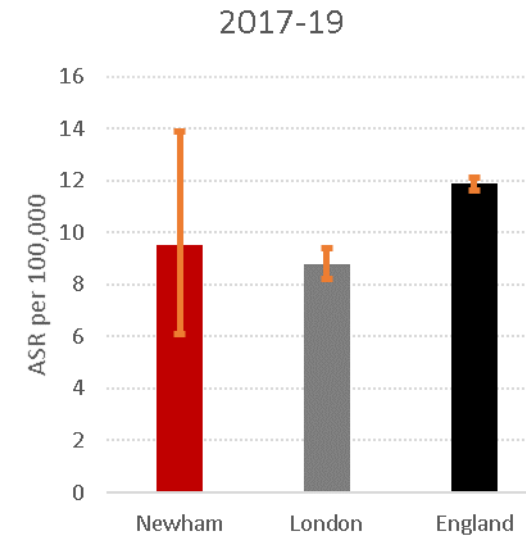
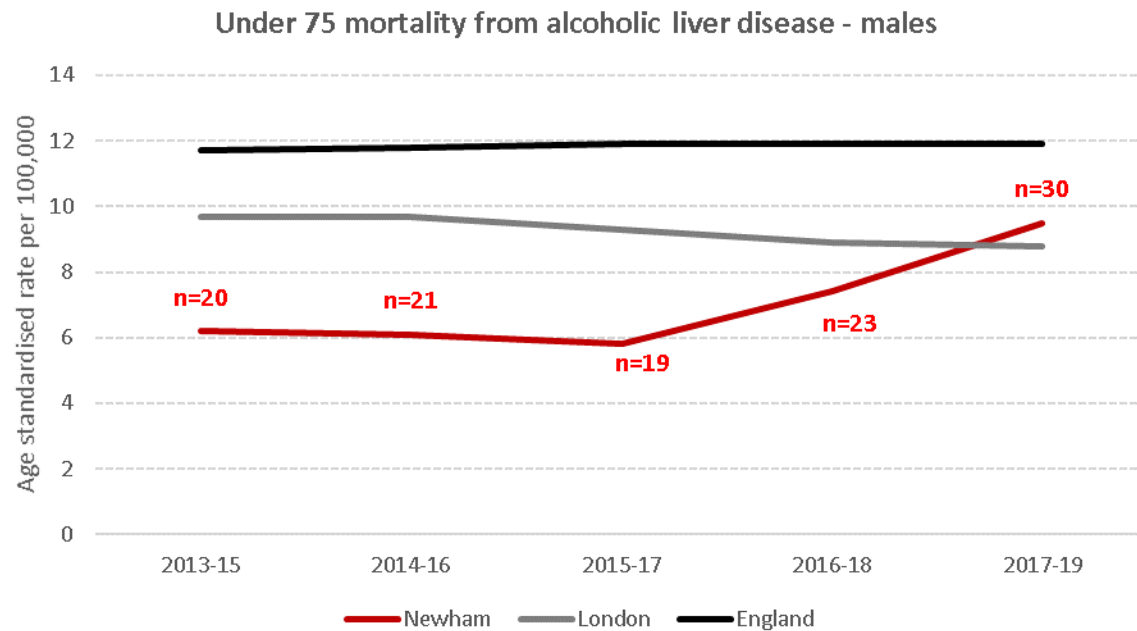


- Liver disease is one of the top causes of death in England
- People are dying from this at younger ages
- Most liver disease is preventable
- Much is influenced by alcohol consumption and obesity prevalence
- The graph shows the rates for males and females combined
- The pattern for Newham, like London and England, has risen over the past few years

WE ARE NEWHAM.

PREMATURE MORTALITY

ALCOHOLIC LIVER DISEASE (MALES) – national data

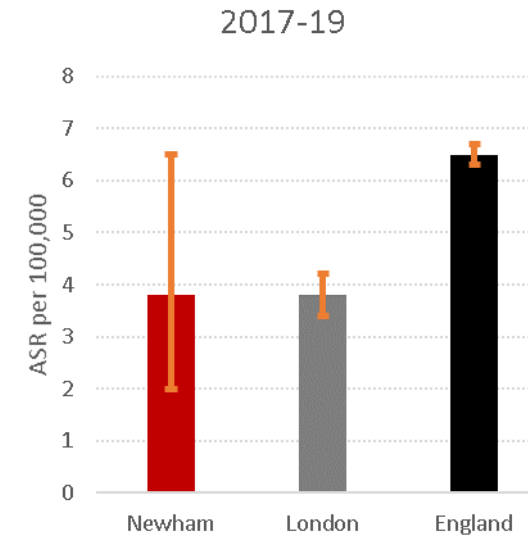
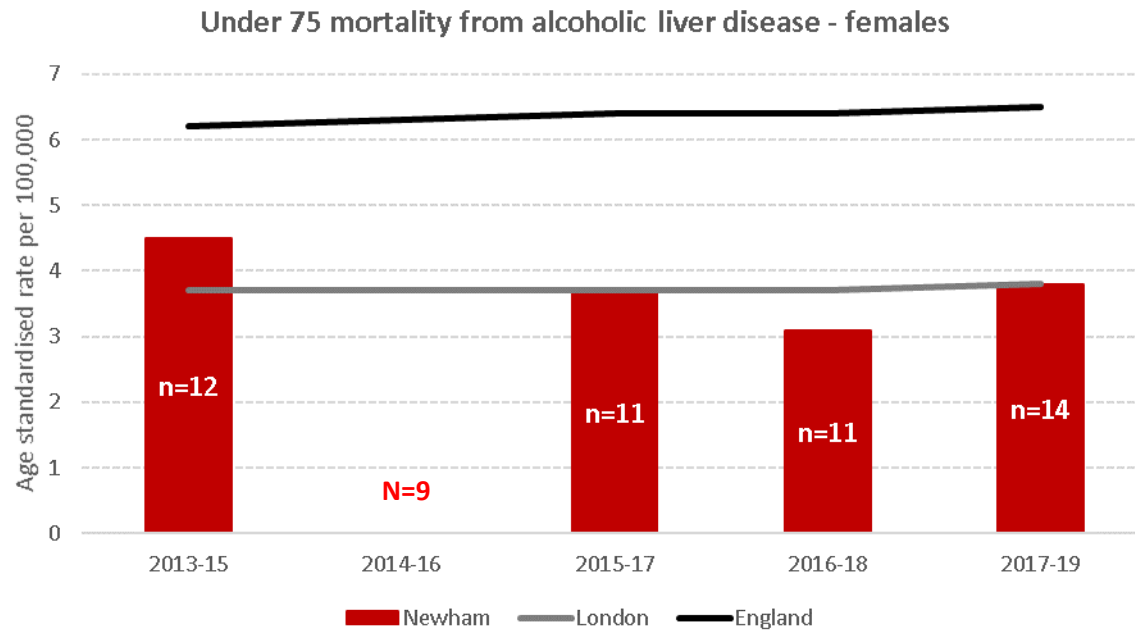


- The graph on the left shows a sharp incline for males from 2015-17 to 2017-19 (latest data currently available)
- For the 2017-19 data, there is no significant difference between Newham and London or England

WE ARE NEWHAM.

PREMATURE MORTALITY

ALCOHOLIC LIVER DISEASE (FEMALES) – national data



- The graph on the left is much flatter for females than males from 2015-17 to 2017-19 (latest data currently available)
- For the 2017-19 data, there is no significant difference between Newham and London or England

WE ARE NEWHAM.

*Rate not available for 2014-16



Source: Fingertips, OHID

PREMATURE MORTALITY

ALCOHOLIC LIVER DISEASE

- There were 136 deaths in people under 75 years between January 2018 and May 2022, where alcohol was either the **primary cause of death or in the first 3 ICD10 codes**
- Of these, 114 (84%) were from **Chronic liver disease including cirrhosis**
- The majority (77%) of these deaths were **males**
- The majority of deaths were in the **50-59 age band** (35%)
- In the absence of ethnicity in this dataset, country of origin is used. This is by no means a good proxy for ethnicity. The majority of deaths under 75 from alcoholic liver disease were from people born in the UK (just under half, 48%) followed by 23% born in Europe

84%

of alcohol deaths from
chronic liver disease

77%

of deaths from alcohol
were males

35%

of deaths were in
people aged 50-59

48%

of deaths in people
born in the UK

ROUGH SLEEPERS

WE ARE NEWHAM.

Data source: Rough Sleeping Minimum Dataset

INTRODUCTION



- ❑ Newham has the highest rate of homelessness of any local authority in England
- ❑ It is estimated that one in 22 people in Newham are homeless, living in temporary accommodation or on the street
- ❑ Low incomes and high housing costs are important factors driving the high rate of homelessness; in Newham, 2 in 5 people are living in poverty
- ❑ Since 2019, Newham has achieved the **greatest proportional reduction** in rough sleeping numbers of any local authority in the country with a 92% reduction – by supporting people to move off the street and into accommodation
- ❑ Newham's Homelessness and Rough Sleeping Strategy 2021-2026 sets out a public health approach to tackling homelessness and improving the quality of and access to housing within the borough
- ❑ The main aim is to reduce homelessness and eradicate rough sleeping, to try and ensure that residents are not in a position where they are forced to sleep on the street or live in dangerous or transient accommodation
- ❑ Support is there to ensure residents have timely access to the support they need if they find themselves in this position

WE ARE NEWHAM.



SUPPORT AVAILABLE FOR SUBSTANCE MISUSE

[Return to contents](#)



The drug and alcohol service for residents, [Newham Rise](#), is run by CGL (Change, Grow, Live) and offers a service to residents with drug and alcohol substance misuse.

Together with the [Integrated Rough Sleeper Support Service](#) (also part of CGL but a separate service), they work to support substance misuse among Newham's rough sleepers.



Rough sleepers tend to be predominantly Opiate users (pain-killer drugs). Newham Rise provides access to rehabilitation and detox.

The aim of the services is to provide equitable access to Tier 4 provision.

The Outreach team who support rough sleepers record information using a Minimum Dataset and need the **consent** of those who they support to keep details

People in our community subject to immigration control have no recourse to public funds, and therefore are barred by the Government from accessing housing support. This means that the risk of rough sleeping and other forms of housing related exploitation are high among these people.

If rough sleepers are not supported they will ultimately present at A&E

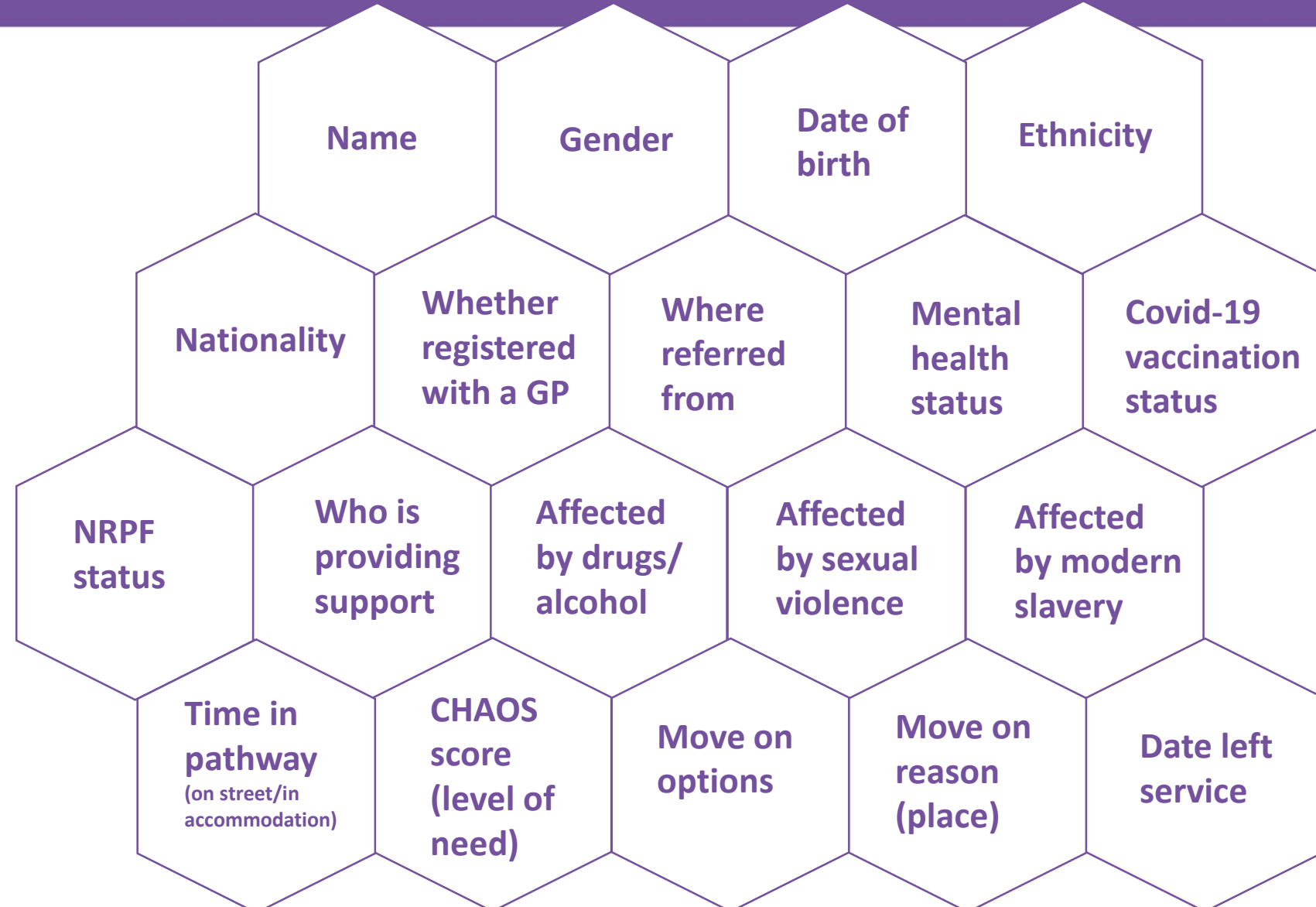
Question:
How do we make the pathway more accessible for those with complex and entrenched needs?

LOCAL DATA COLLECTED

The Outreach team who support rough sleepers record information using a Minimum Dataset and need the **consent** of those who they support to keep details.

Some of the main headings of the dataset are shown on the right.

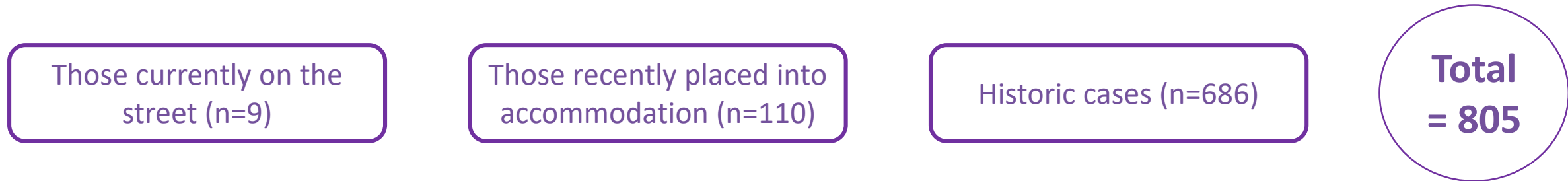
A CHAOS score is given to each person to establish their level of need. One section of this scoring method is for alcohol/drug abuse, ranging from 0 (not used) to 4 (dependence, daily use)



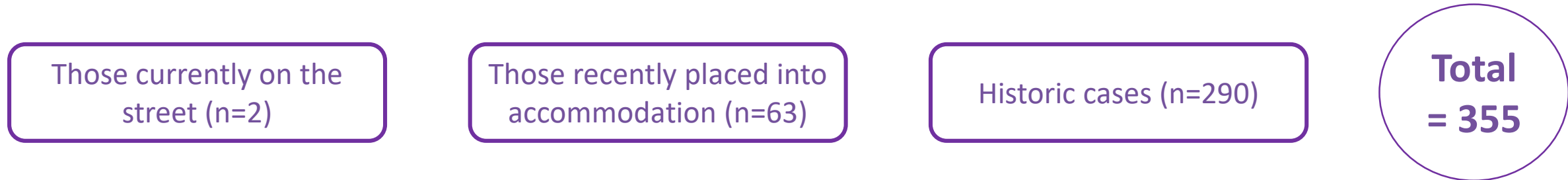
WE ARE NEWHAM.

CURRENT PICTURE

The data is a snapshot as at 1st August 2022 and can be divided into 3 groups:



Of those 805, the number of those affected by drugs and/or alcohol are as follows:

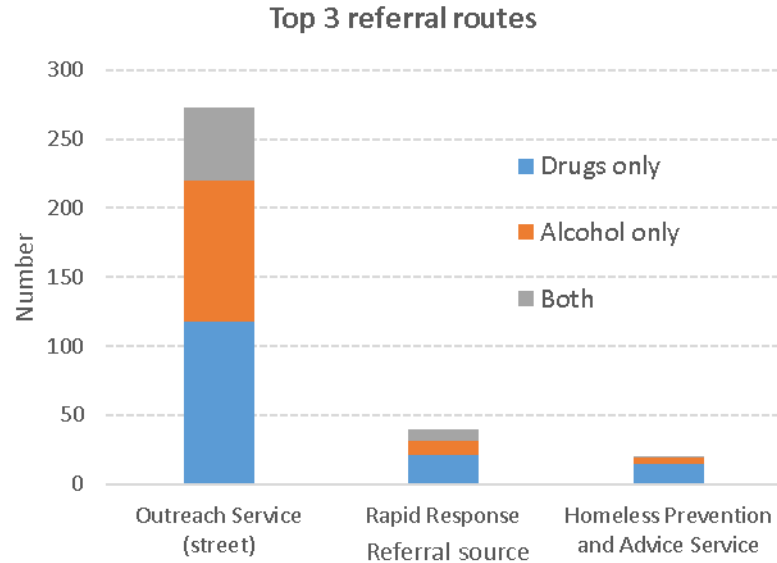


Of the cases above, **44%** of rough sleepers were recorded as being affected by drugs and/or alcohol.

The data in this chapter includes the historic cases and therefore in total is based on 355 rough sleepers.

WE ARE NEWHAM.

REFERRAL ROUTE OF THOSE AFFECTED BY SUBSTANCE MISUSE



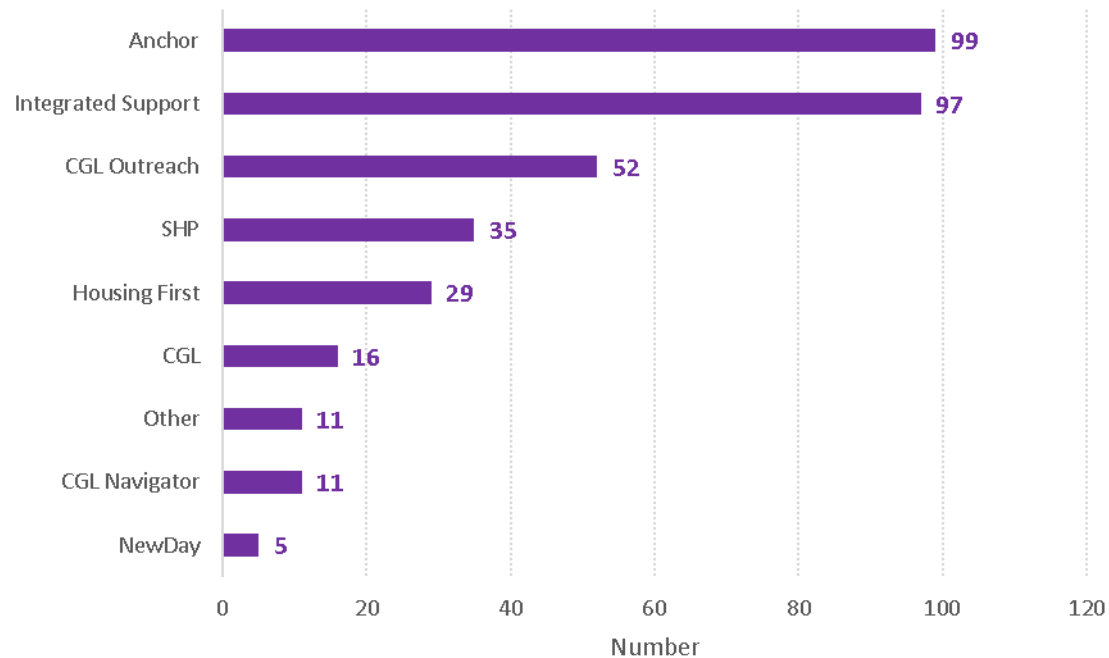
- The top 3 referral routes account for 333 of the 355 referrals (94%)
- Street referrals are picked up by the Outreach Team (n=273)
- [Rapid Response](#) referrals are a GLA commissioned dedicated team funded by City Hall that target rough sleepers referred by the public or other support services through [Streetlink](#) (n=40)
- [HPAS](#) is the Homelessness Prevention and Advice Service which provides support to prevent homelessness and assessment to determine duties under the homelessness legislation (Part VII Housing Act 1996) (n=20)
- Other referral sources are detailed on the right (n=18)
- In 4 cases the referral source was not recorded



SUPPORT PROVIDERS OF THOSE AFFECTED BY SUBSTANCE MISUSE



Support provided



- The support provided to the 355 rough sleepers is shown on the bar chart
- Anchor primarily provides accommodation based support
- NewDay provides work packages
- "Other" accounts for 11 and includes:
 - SHP Navigator
 - LBN Navigator
 - NewWay
 - ThamesReach Navigator

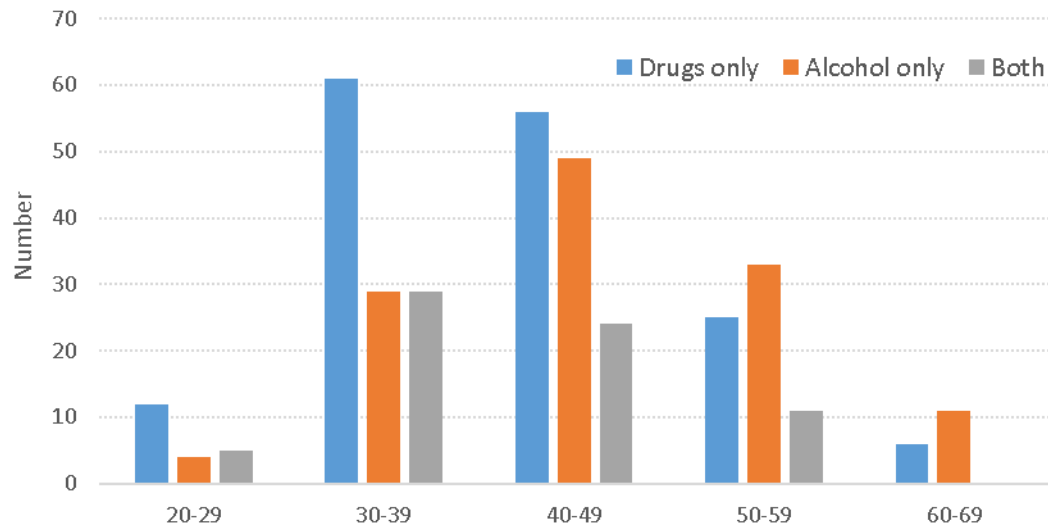
WE ARE NEWHAM.



GENDER AND AGE OF THOSE AFFECTED BY DRUGS AND/OR ALCOHOL

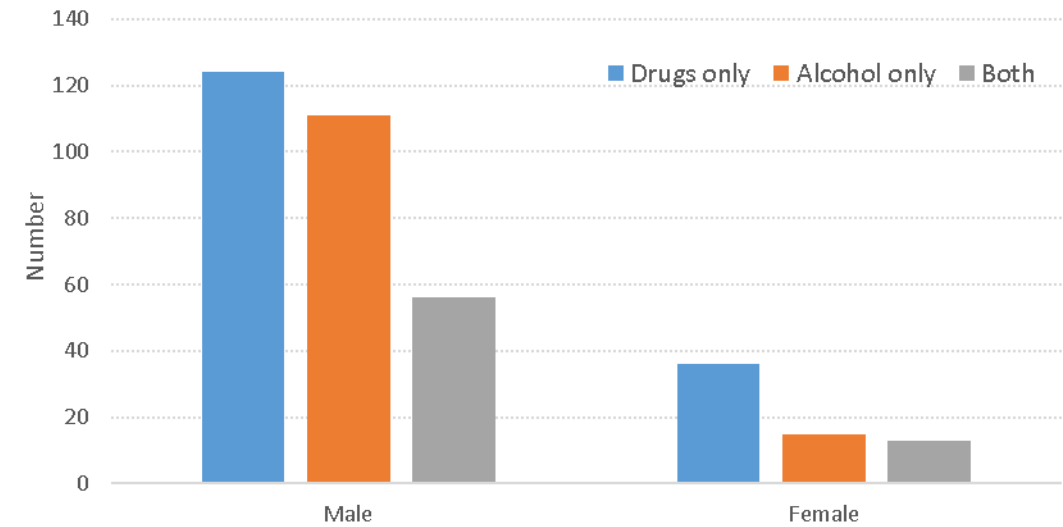
The data shows the number of current and historic rough sleepers identified by the service

Rough sleepers by age band and substance misuse type
Snapshot at 1st August 2022



70% of rough sleepers (n=248) who identify as having drug and/or alcohol issues are aged between 30-49, with 36% in the 40-49 age bracket and 34% in the 30-39 age bracket

Rough sleepers by gender and substance misuse type
Snapshot at 1st August 2022

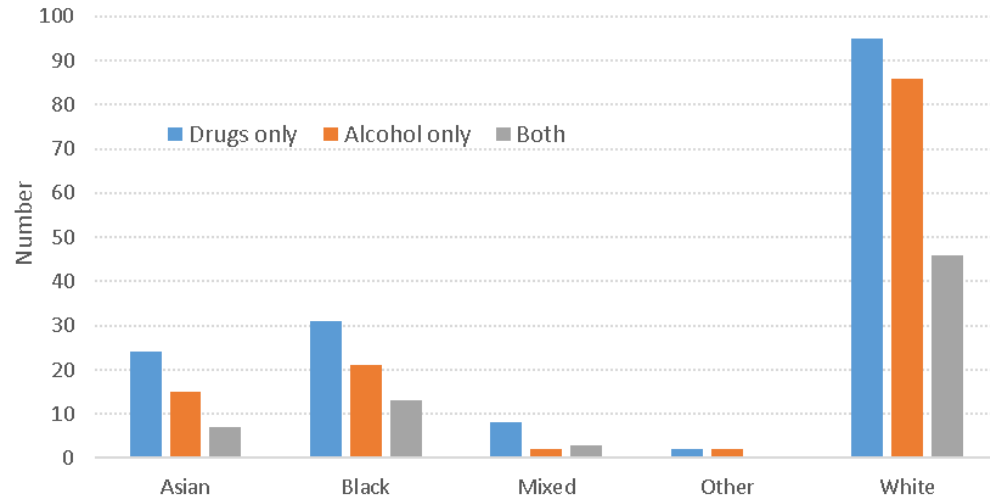


82% of rough sleepers who identify as having drug and/or alcohol issues are male (n=291)

WE ARE NEWHAM.

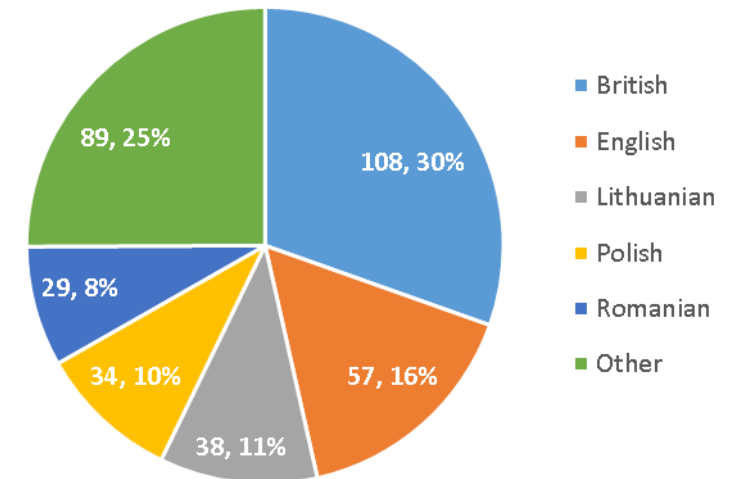
ETHNICITY AND NATIONALITY OF THOSE AFFECTED BY SUBSTANCE MISUSE

Rough sleepers by ethnicity and substance misuse type
Snapshot at 1st August 2022



- The data shows, by ethnicity, the number of rough sleepers identified by the service as using drugs and/or alcohol
- White ethnicities account for 64% of the total (n=227)

Top 5 nationalities affected by drugs and/or alcohol



- By nationality, British and English are the highest proportion (making up 46% of the total, n=165) (note: the database has options for nationality for British, English, Scottish, Welsh and Northern Irish – it depends how people respond, but important to note that “British” will include English also)
- They are followed by the Eastern European countries of Lithuania, Poland and Romania, accounting for 28% of the total (n=101)
- In total, Eastern Europeans account for 30% of the total number affected by drugs and/or alcohol (n=107) with other nationalities including Czech, Bulgarian and Hungarian

WE ARE NEWHAM.

GP REGISTRATION

- Out of the 355 affected by drugs/alcohol, 75 (21%) are not registered with a GP and 3 were not recorded
- 53/64 females (83%) were registered and 224/291 (77%) of males
- 87 of the 277 registered with a GP were registered with the Newham Transitional Practice
- The Newham Transitional Practice offers a homeless and vulnerable outreach service with two sites, based at The Centre Manor Park (main site) and Vicarage Lane Health Centre Stratford (branch)
- The sites register people who find it difficult to register with a permanent GP
- The aim of this service is to provide a health screening programme to support the homeless and vulnerable population and provide an opportunity to register with a GP
- Several outreach nursing and GP clinics are held at venues across Newham that are most frequently attended by the homeless and vulnerable population. Venues include soup kitchens, probation hostels and temporary accommodation

WE ARE NEWHAM.



Immigration status and NRPF

Immigration status

- Of the 355 rough sleepers affected by drugs and/or alcohol, a majority (169, 48%) were UK Citizens, 31% were EEA Nationals, 6% were EU Citizens, 5% had unlimited leave to remain
- The remaining 40 had a status of either limited leave to remain, asylum seeker, application refused, no application, indefinite leave to remain or settlement, overstayer, pre-settled status, no valid leave/undocumented, to be decided or not known
- For those who are NRPF there are limited options to secure a route away from the streets unless they have either access to benefits or the right to work

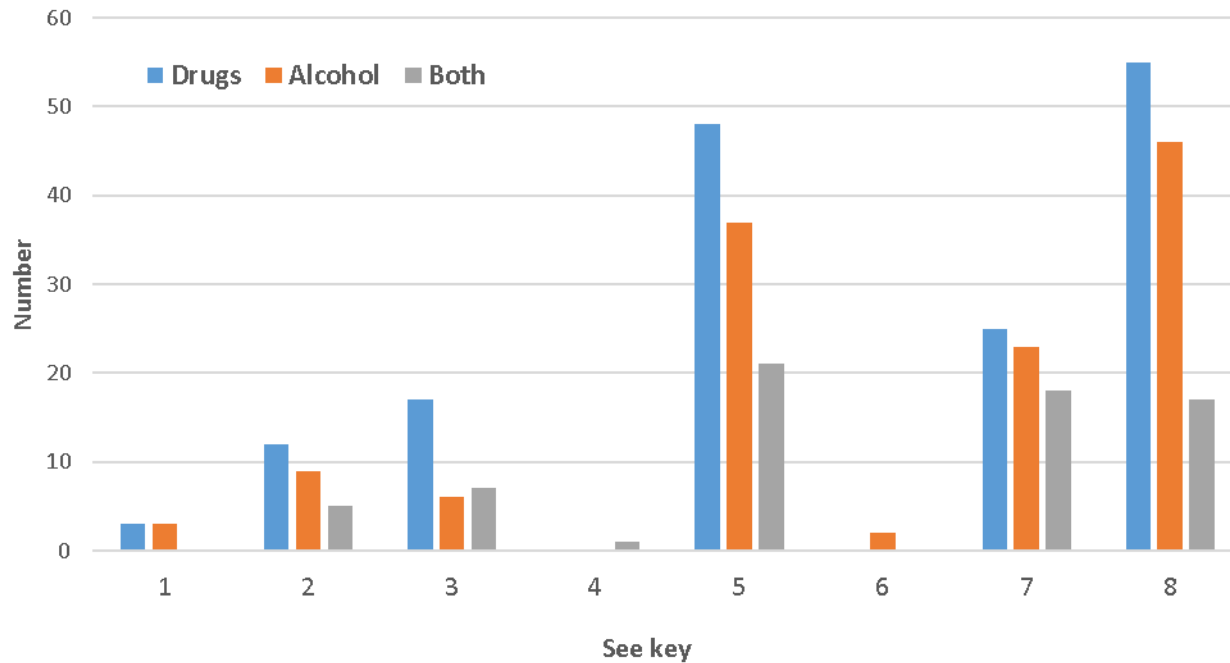
No Recourse to Public Funds

- Of the 355 rough sleepers, just over a fifth (22%, n=77) had No Recourse to Public Funds and are therefore **barred by the Government from accessing housing support. This means that the risk of rough sleeping and other forms of housing related exploitation are high among this cohort**
- 6% (n=22) were still to be decided
- Of those 77, 13 had a positive outcome and were moved on – either by support for housing, or into a hostel or private rented sector, or reconnected to their family/home
- Of the 64 with a not positive outcome, 8 were admitted to hospital or had died and 56 had no reason recorded.

MOVE-ON OPTIONS OF THOSE AFFECTED BY SUBSTANCE MISUSE

Move on options details the **plan** for each person. For those affected by drugs/alcohol, this could be for Drug/Alcohol detox or for residential rehabilitation or housing (private rental, social housing, supported housing) with support.

Move-on options for rough sleepers by substance misuse type



30%

of people were moved on to the Private Rental Sector or social housing with support

19%

of people were moved on to supported housing with floating support (personalised housing related support)

7%

of people were referred to drug/alcohol detox or residential rehab

Key:

1. Assistance to reconnect with family/friends
2. Drug/alcohol detox or residential rehab with support
3. Housing First – with additional support
4. Prison
5. Private Rental Sector or social housing with support
6. Refuge
7. Supported housing or housing led with support
8. Not yet recorded

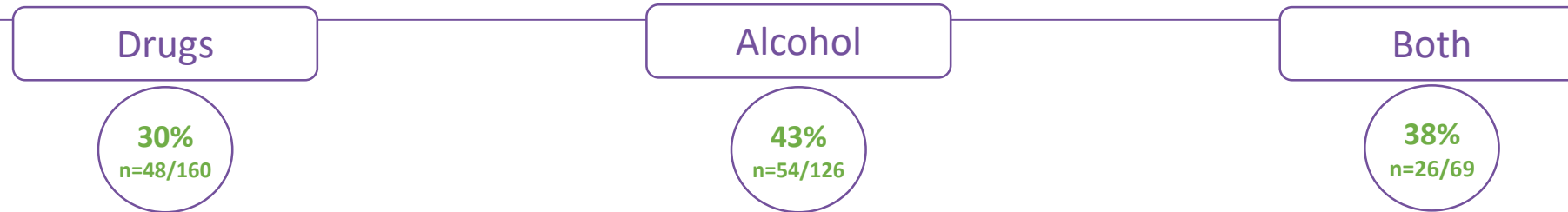
WE ARE NEWHAM.

MOVE-ON OUTCOMES - POSITIVE

Move on outcomes are either positive, whereby the person has moved on to longer term accommodation, or not positive (see next slide), whereby the person is still in the system and not yet fully supported, or has gone into hospital or has died.

This slide details the positive move on reason, which is the **actual** outcome on exit from the pathway (for example, someone may have been set plan to go to private rented or rehab but ended up going to prison).

The data below shows the situation of positive outcomes as at 1st August 2022 (total number = 128/355) and where they have moved on to – which can be any in the list below.



Private rented sector – with some floating support
 Supported via HPU
 Detox via DA services
 Previous home
 Clearing House
 Direct Access sheltered
 NASS Accommodation

Direct access PRS
 LA tenancy (general needs)
 Direct access supported
 Sheltered via HPU
 NSNO Assessment Hub
 PRS via HPU
 NSNO staging post

Hostel – within the organisation
 Private rented sector – independent
 Hostel – another organisation
 Reconnection to family / own home
 Care Home
 UK repatriation

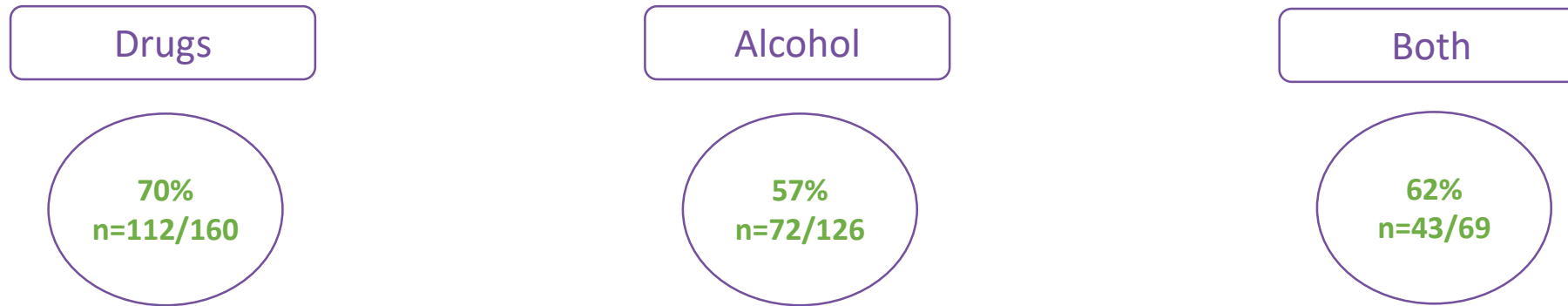
WE ARE NEWHAM.

Key: PRS – Private Rented Sector
 HPU – Homeless Persons Unit

NSNO – No Second Night Out
 DA – Drug and Alcohol service

MOVE-ON OUTCOMES – NOT POSITIVE

The data below shows the situation of **Not Positive** outcomes as at 1st August 2022 (total number = 227/355, 64%) by SM type.



205/227 (90%) have no move-on outcome recorded.

Some may still be in the system but for others, it is likely that they abandoned and left the pathway without providing a reason for exit.

Of those that have outcomes recorded (n=22), these include hospital, hostel, psychiatric hospital or died.

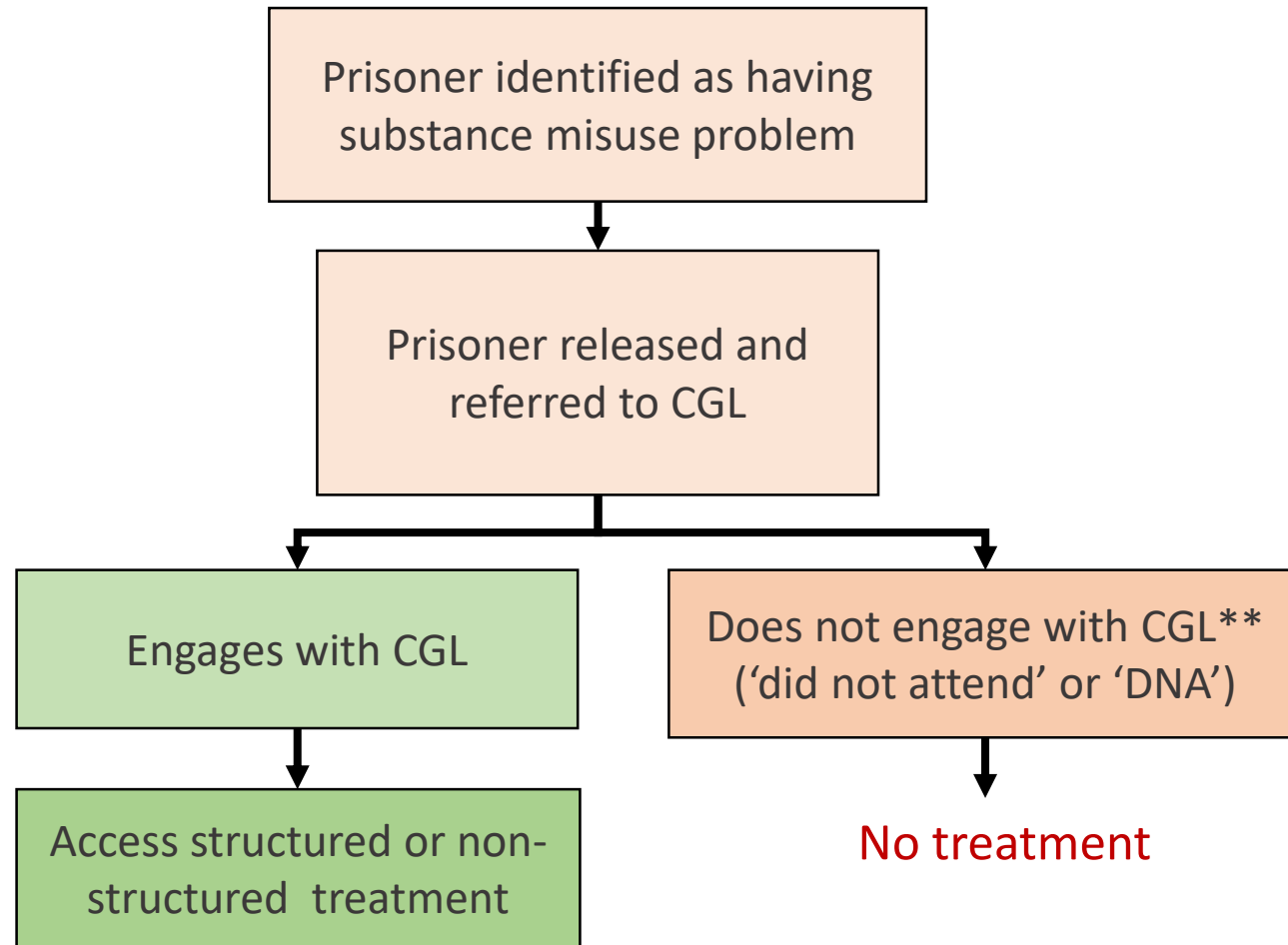
WE ARE NEWHAM.

SUMMARY

- ❑ The majority of rough sleepers referred come via the Outreach Service (82%, N=273/355)
- ❑ Of these 355, a majority are supported by Anchor (accommodation based support) or Integrated support (55%, n=196)
- ❑ The majority are males, making up 82% of rough sleepers identified as having drug and/or alcohol issues (n=291)
- ❑ Most are within the 30-49 age range, making up 70% (n=248)
- ❑ White ethnic groups make up the majority at 64% (n=227)
- ❑ By nationality, the highest proportion are British/English making up 46%, followed by Lithuanian (11%), Polish (10%) and Romanian (8%)
- ❑ Registration with a GP is offered to rough sleepers in order to provide a health screening programme. 79% (n=277) of the 355 rough sleepers were registered with a GP – for females, 83% (n=53/64) were registered and for males 77% (n=224/291). 87/277 of those registered are registered with the Newham Transitional Practice
- ❑ Just over a fifth of rough sleepers (22%, n=77) had No Recourse to Public Funds and are therefore unable to access housing support. Therefore the risk of rough sleeping and other forms of housing related exploitation are high among this cohort
- ❑ 7% (n=26) were referred on to drug/alcohol detox or residential rehabilitation

Prison release populations and substance misuse

Substance misuse in prison release populations - overview



Summary figures

412 Newham residents released between 2017 and 2022 from prison referred to Change Grow Live (CGL) for substance misuse.

252 (61%) engaged with CGL for follow up and treatment. 160 residents (39%) did not attend (DNA) with CGL.

What is Change Grow Live (CGL)?

CGL is a voluntary organisation and charity that specialises in substance misuse and criminal justice intervention projects in England.

*This is for prisoners who provide a Newham address upon release

**Protocol to reach out and try and engage with client via phone calls and/or outreach (up to consent)

Substance misuse in prison release populations, 2017-2022 - demographics

Demographics

Slightly higher % of DNAs were female.

Those of Black or Other ethnicity had a higher proportion who did not engage.

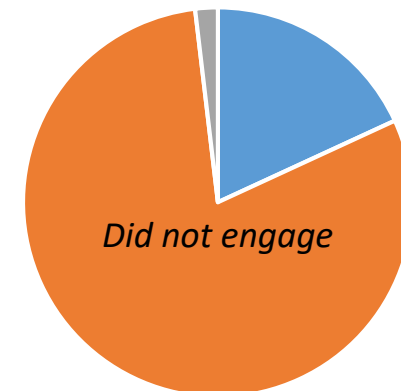
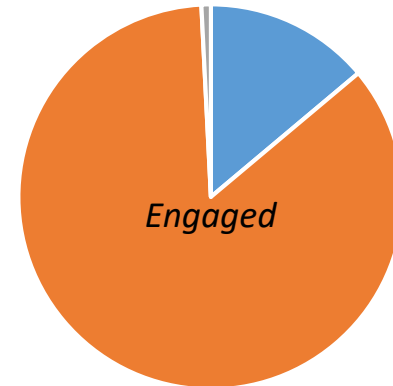
Higher percent of younger ages (18-34) did not engage with CGL than older age groups.

WE ARE NEWHAM.

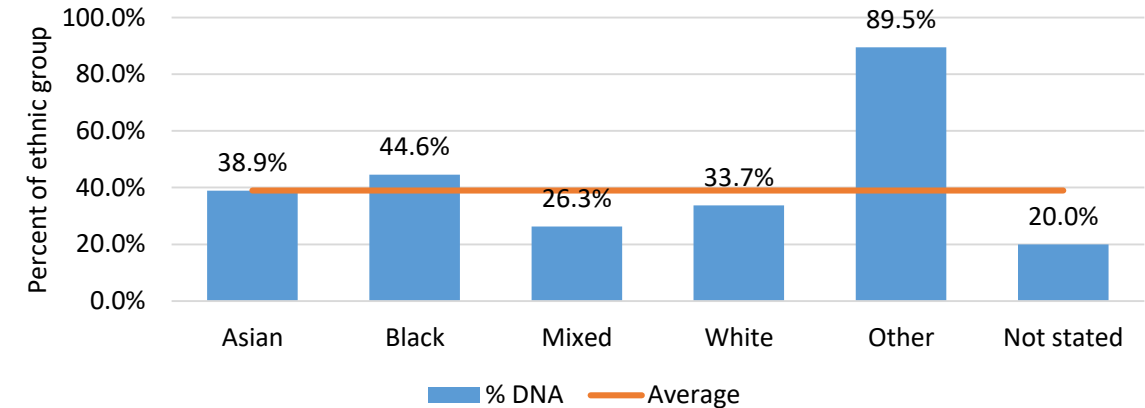
Demographics of engaged and did not attend (DNA) prison release populations referred for substance misuse

By gender

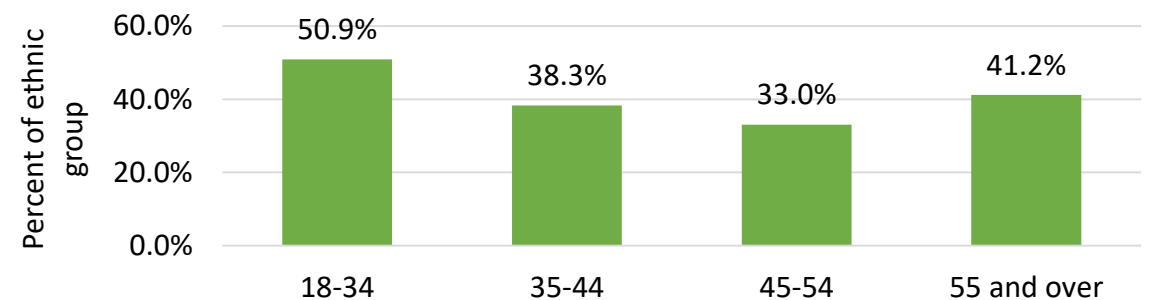
■ Female ■ Male ■ Unknown



Proportion of referral population who did not attend, by ethnicity (2017-2022)



Proportion of referrals who did not attend, by age group (2017-2022)



Post release from prison and substance misuse – did not attend (DNA) population profile

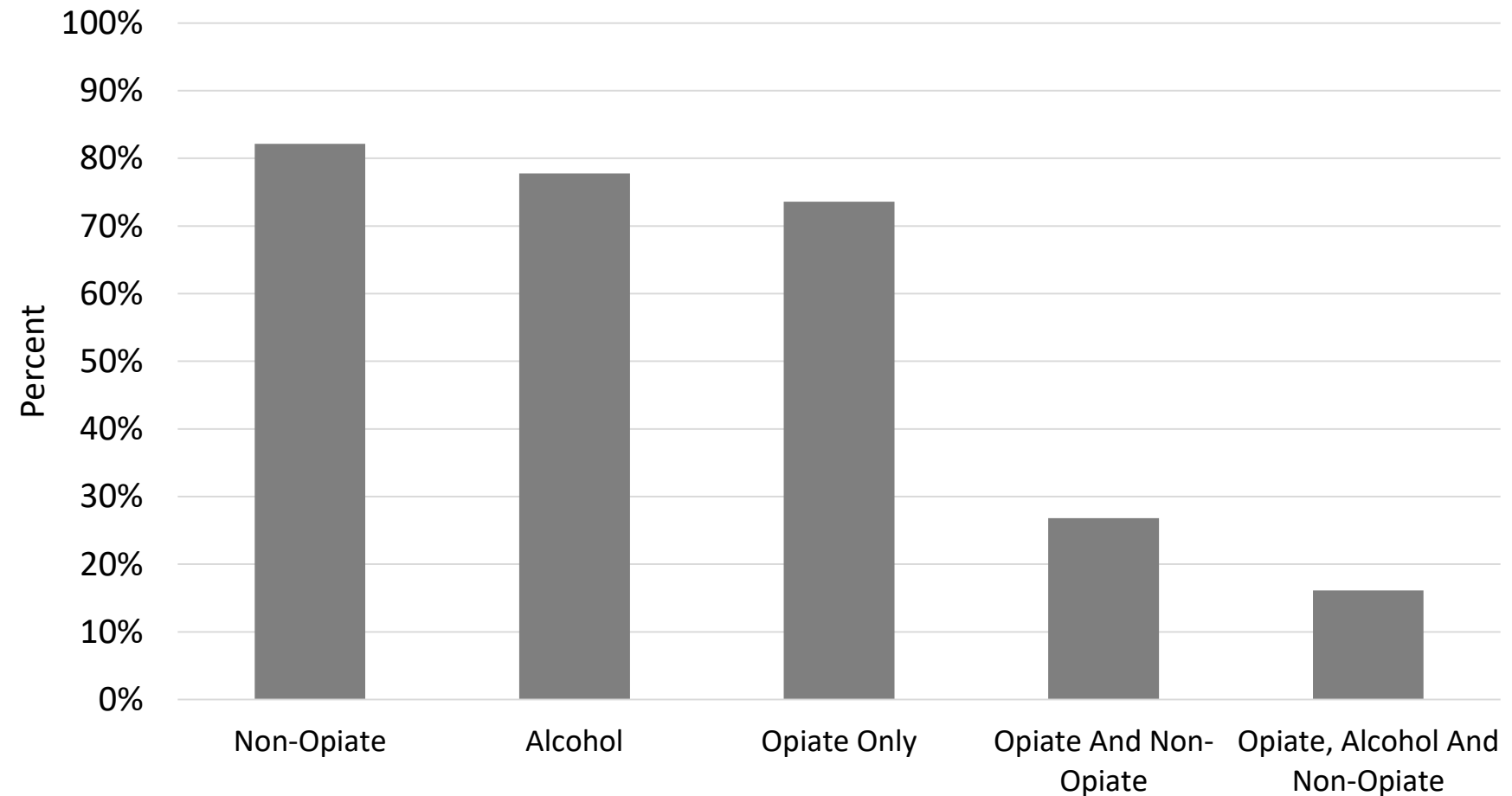
10.6%

Identified to have
mental health issues

26.9%

Had a disability

Did not attend proportion by drug referral category (2017-2022)



Access to alcohol

On and off-licence availability

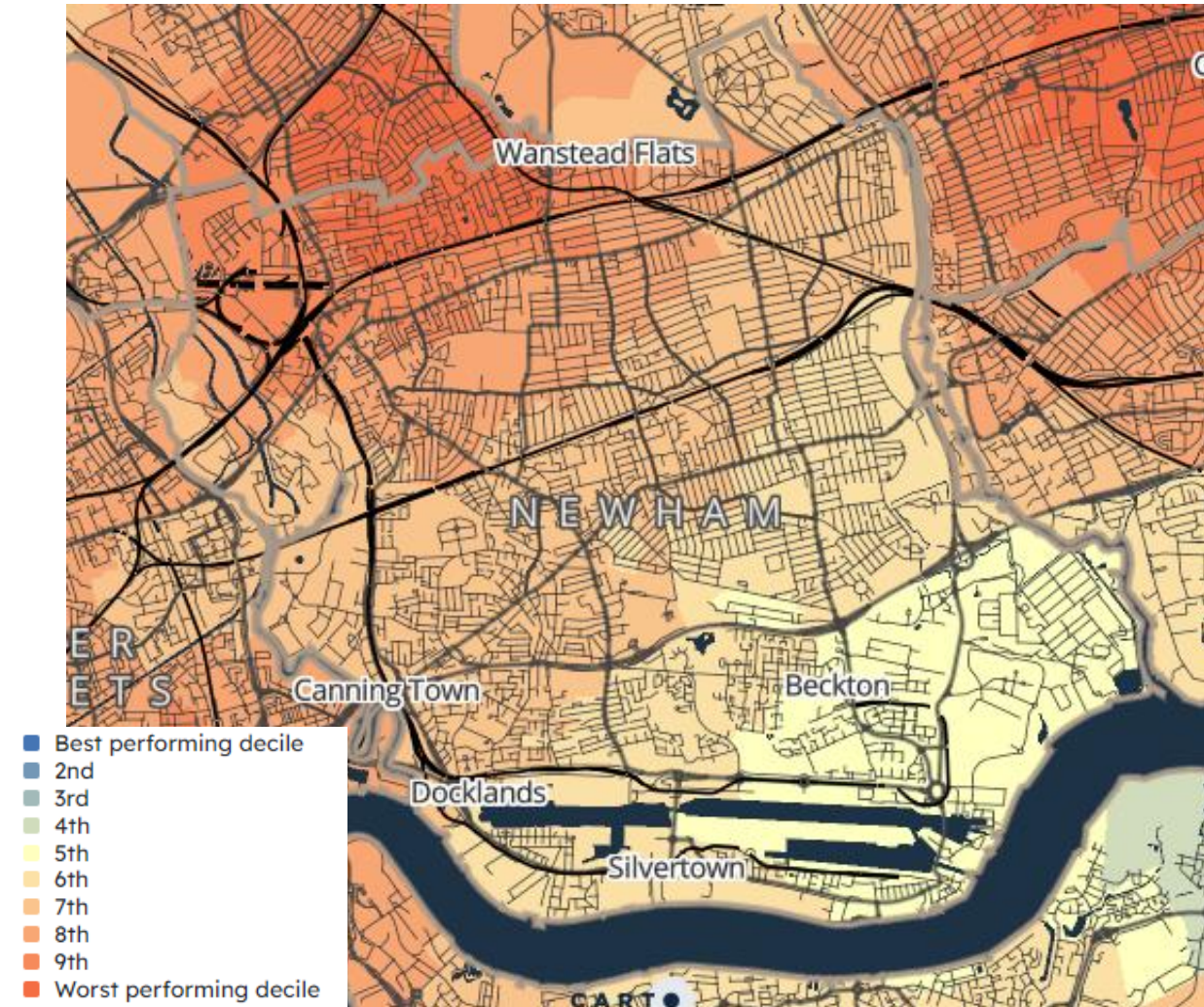
Newham access to off-licences

Mapped by neighbourhood – by national decile, 2017



- An **off-licence** refers to an establishment which sells alcohol that must be consumed off premises, such as a corner shop. This is in contrast to an on-licence where alcohol sold must be consumed at the point of sale (e.g. a pub, bar, or nightclub).
- Newham has relatively easy access to off-licences, particularly in the north and west of the borough. Parts of Forest Gate North are in the worst performing deciles in England for off-licence access.

WE ARE NEWHAM.

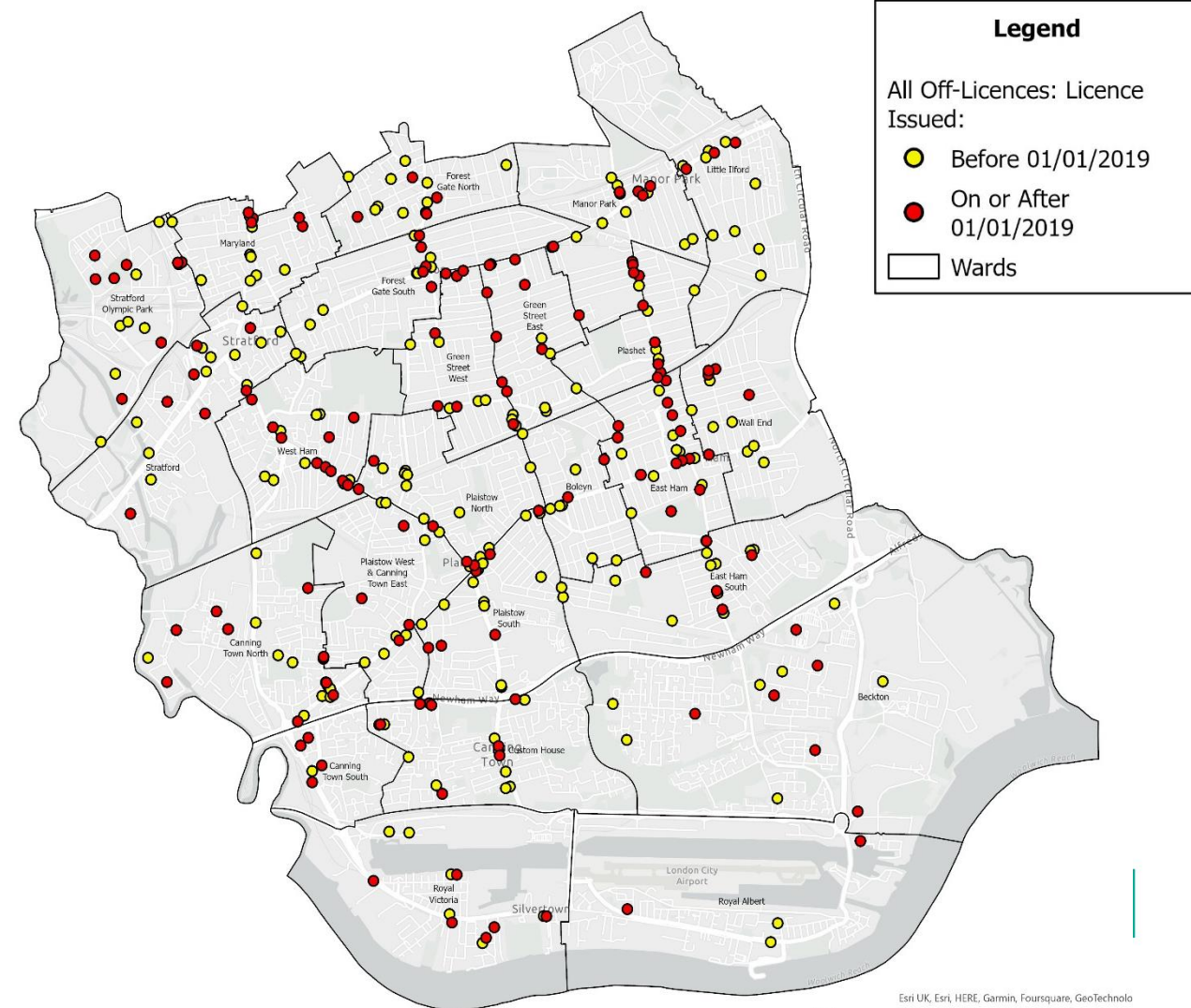


Newham off-licence locations

Mapped

- There are 353 active alcohol off licences in Newham, of which 80% (282 stores) are listed as convenience stores.
- Large supermarkets make up 7% (24 stores) of off licence premises in the borough.
- North Newham has a higher concentration of off-licences, and since 2019 new licences issues have been disproportionately in the north of the borough too, especially along key high streets.

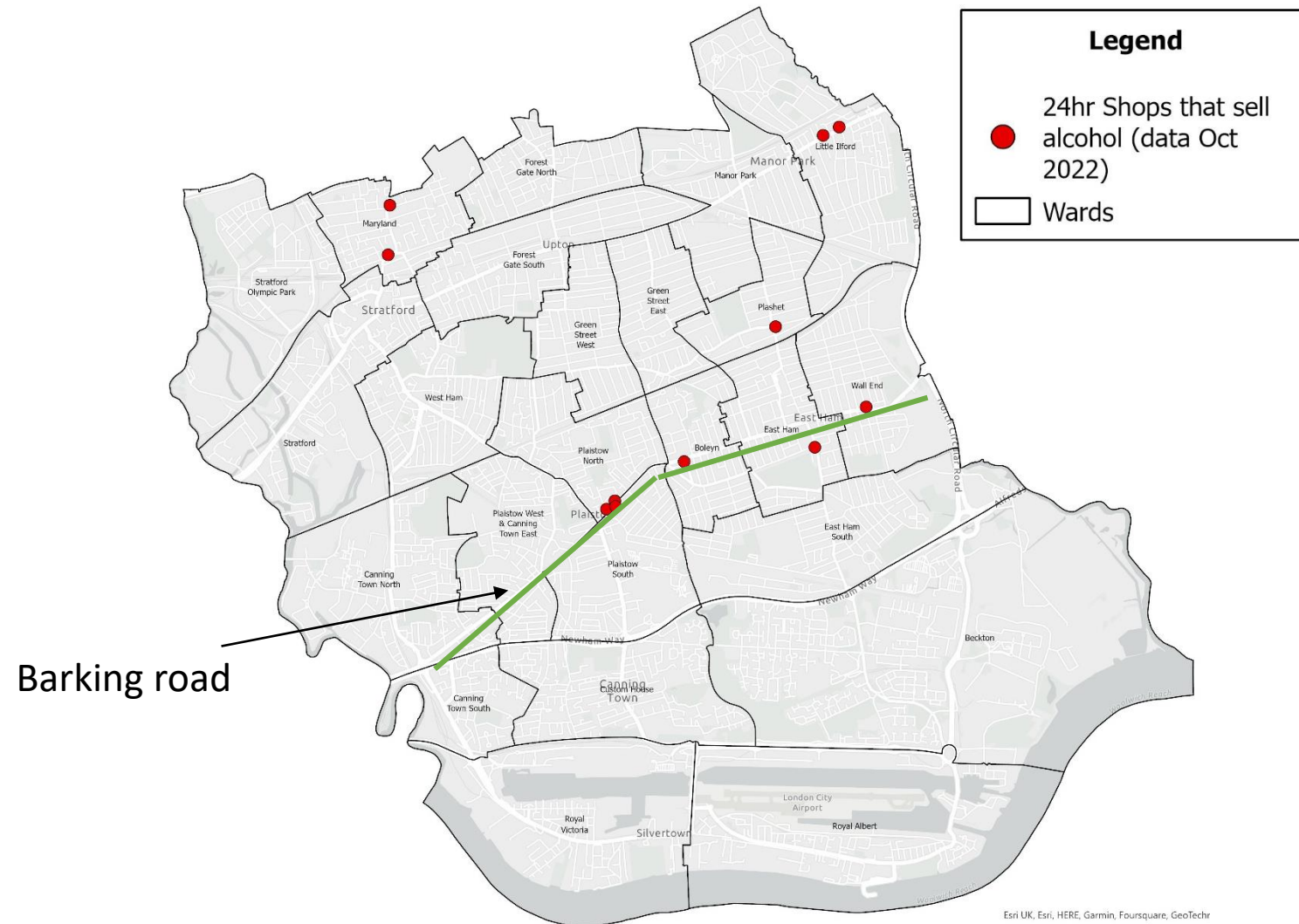
Main use of premise	Number
Convenience Store	282
Large Supermarket	24
Off Sales Only	17
24hr Convenience Store	11
Alcohol distribution only	8
24hr Large Supermarket	6
Off and On Sales	5



24 hour off licence convenience stores in Newham Mapped



- There are 11 off licence convenience stores in Newham that are open 24 hours, up from 5 in 2015.
- As of Oct 2022, all 24hr off licences in Newham are in the north of the borough, with large number along Barking Road (A124).



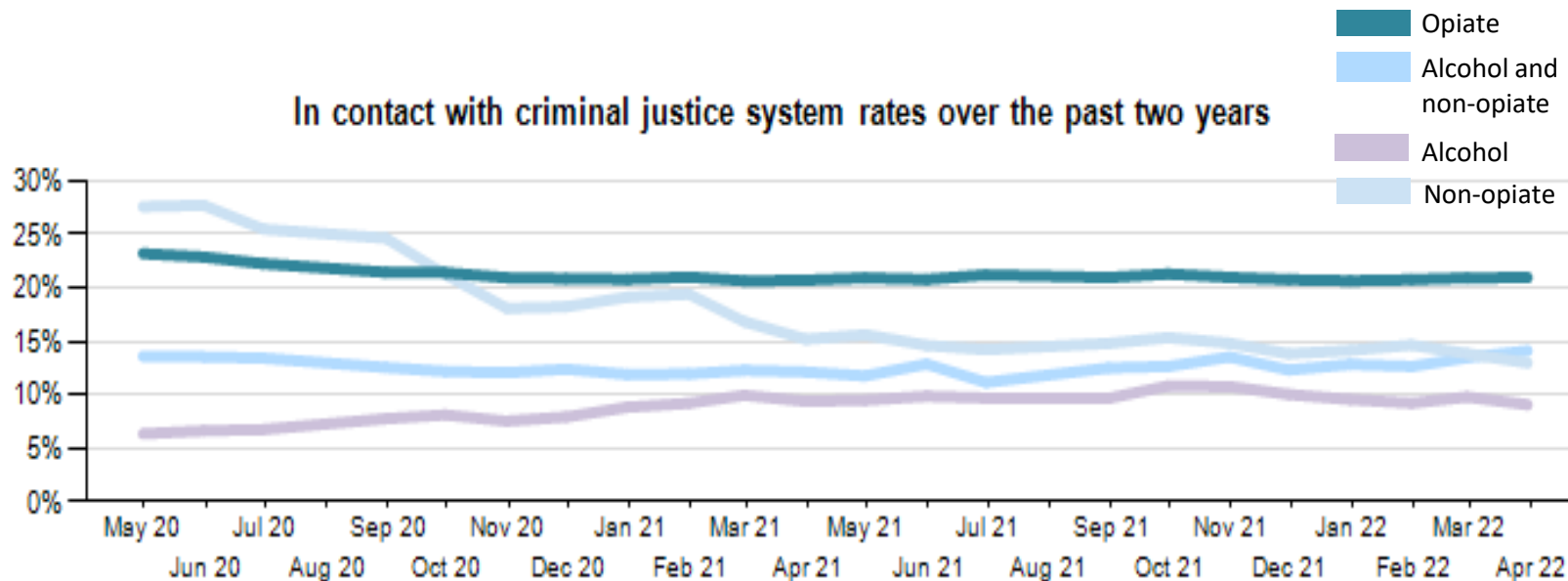
WE ARE NEWHAM.

Substance misuse and crime

WE ARE NEWHAM.

Treatment population in contact with criminal justice system

- Of the 1568 total individuals in treatment, 251 (16.1%) are in contact with the criminal justice system.
- Roughly 1 in 5 people in treatment for opiates are in contact with the criminal justice system, compared to only 1 in 10 people in treatment for alcohol.
- Since May 2020 the percent of treated clients in contact with the criminal justice system has declined for opiates and alcohol and non-opiates, but has increased for alcohol treated clients.



Proportion of each treatment population by % in contact with criminal justice system, Newham and England

Category	Newham Number	Newham Percent	England
Opiate	157	21.0%	18.5%
Non-opiate	24	13.0%	11.1%
Alcohol	35	9.1%	6.5%
Alcohol and non-opiate	35	14.1%	11.7%

Newham drug offences

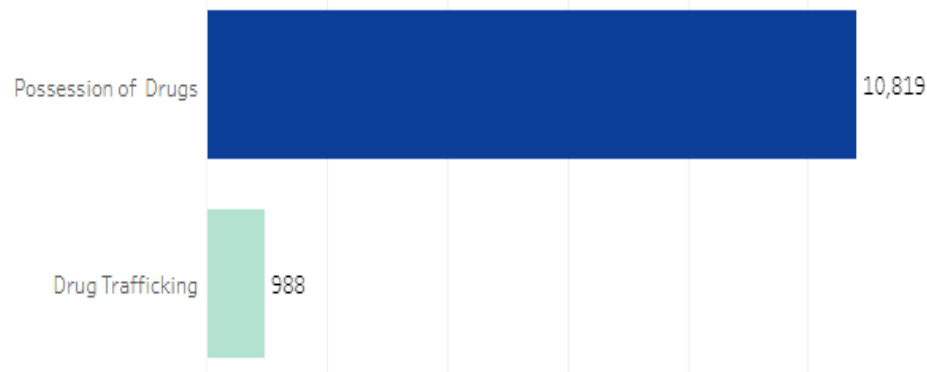
Trend Jan 2018 – June 2022

Includes drug trafficking and drug possession offences

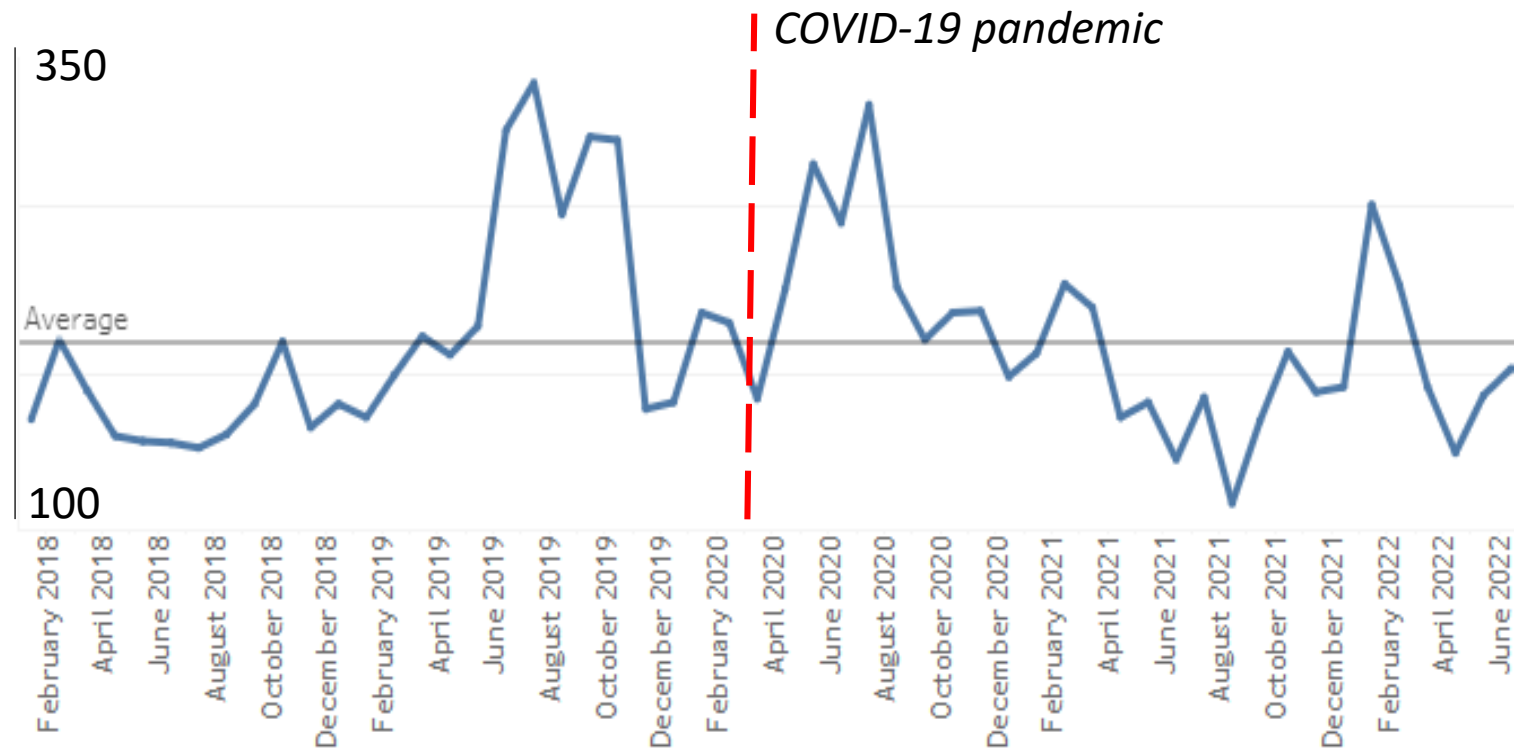


- Drug trafficking and drug possession offences in Newham have fluctuated from 123 to 372 monthly offences since Jan 2018.
- Newham saw three spikes in drug offences in this time: June-Oct 2019, May-July 2020, and Jan 2022.

Drug possession or trafficking total offences Jan 18 – Jun 22



Graph showing recorded drug offences in Newham between February 2018 and June 2022



Newham drug offences

Drug offences and drug related stop searches

Drug offences

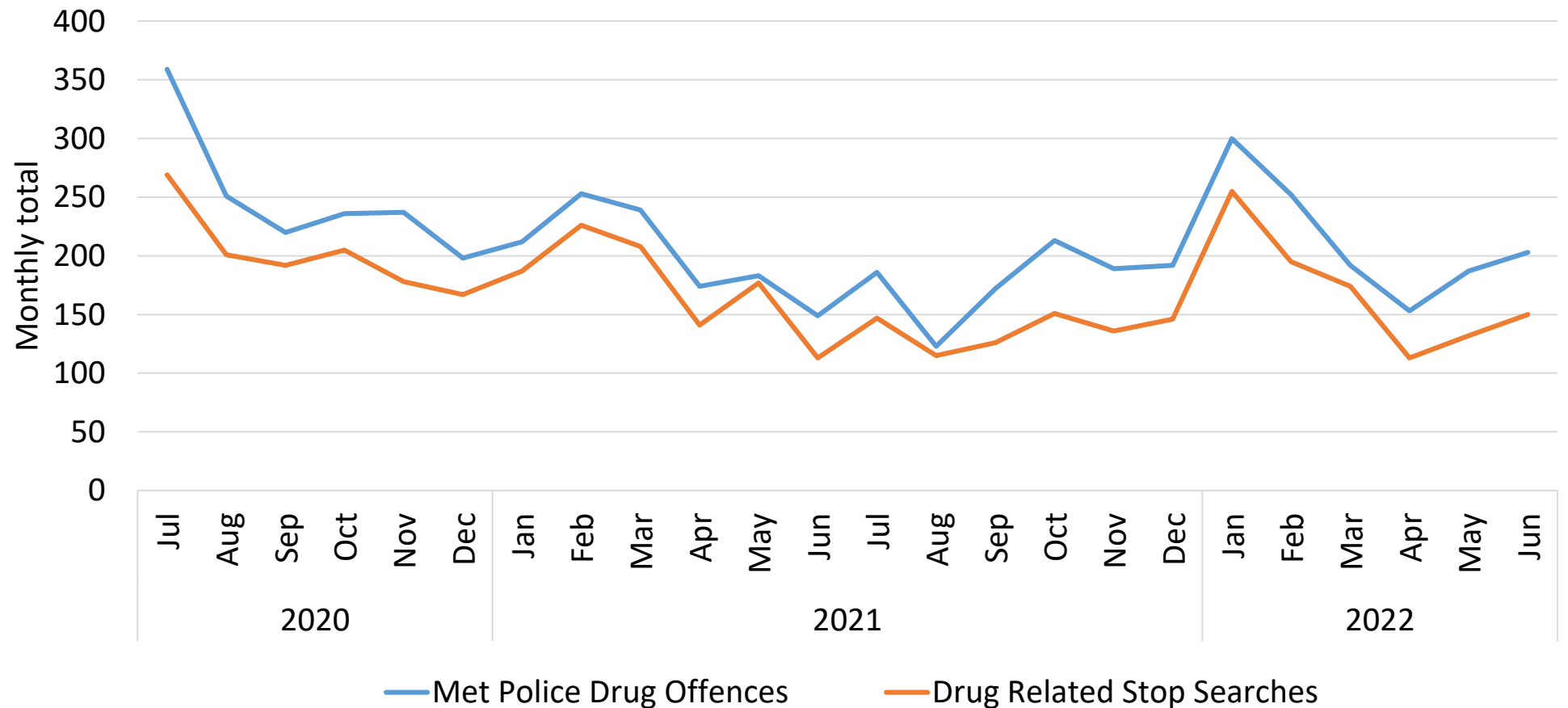
Refers to any crime related to drug trafficking or possession of drugs, regardless of outcome.

Drug related stop searches

Refers to the number of times an individual was stopped and searched for drugs by a police officer.

A police officer has powers to stop and search an individual if they have 'reasonable grounds' to suspect they're carrying carrying drugs.

Monthly met police drug offences and drug related stop searches (Jul 2020 – Jun 2022)



Vaping and e-cigarettes

What is are e-cigarettes and vaping?

- E-cigarettes are devices that allow you to inhale nicotine in a vapour rather than smoke – hence the term ‘vaping’ when using an e-cigarette.
- E-cigarettes do not burn tobacco or produce tar and carbon monoxide, so are often used as a better alternative to smoking cigarettes and to help people quit smoking completely.
- Although vaping is tightly regulated in the UK, there are concerns about e-cigarette or vaping associated lung injuries (EVALI), especially from cannabis vaping (or THC vaping).



Source: NHS - Using e-cigarettes to stop smoking

Vaping and e-cigarettes summary

1. E-cigarettes are for adult smokers to help them quit smoking. They are NOT for young people or adult non-smokers.
2. E-cigarettes haven't been around long enough to know the risks of long-term use, but we do know it's less harmful than smoking.
3. Side effects of vaping:
 - Coughing, dry mouth and throat, shortness of breath, headaches, mouth and throat irritation [[Electronic Cigarettes for Smoking Cessation, Cochrane review, April 2021](#)]
 - Addiction – Most e-cigs contain Nicotine which is addictive and can be bad if it negatively impacts on your life. These impacts could be health, financial or cultural. The addiction to nicotine can make you feel irritable, restless, unable to concentrate, and most people experience cravings when they go without it.
 - Nicotine can also have some negative effects on brain development in adolescents.
 - Aside from the immediate side effects of vaping, there may be risks associated with vaping long-term however these are not yet known.

*These key facts and messages have been gathered from New Zealand vaping [website](#) and Notes on young people and vaping in England, March 2022, Office for Health Improvement and Disparities.

ASH smokefree GB youth vaping results 2022

National data

Overall vaping rates

- Current vaping among children 11-17 up from 4% in 2020, around the time of the first lockdown, to 7% in 2022.
- While the increase is a cause for concern, and needs close monitoring, 92% of under 18s who've never smoked, have also never vaped and **only 2% have vaped more frequently than once or twice.**

Youth use of disposable vapes

- Disposables are now the most used product among current young vapers, up from 7% in 2020 to 52% in 2022, with Geek Bar and Elf Bar overwhelmingly the most popular brands.

Sources of supply

- Despite it being illegal to sell vapes to under 18s, the most common source of supply for underage vapers is shops (47%).

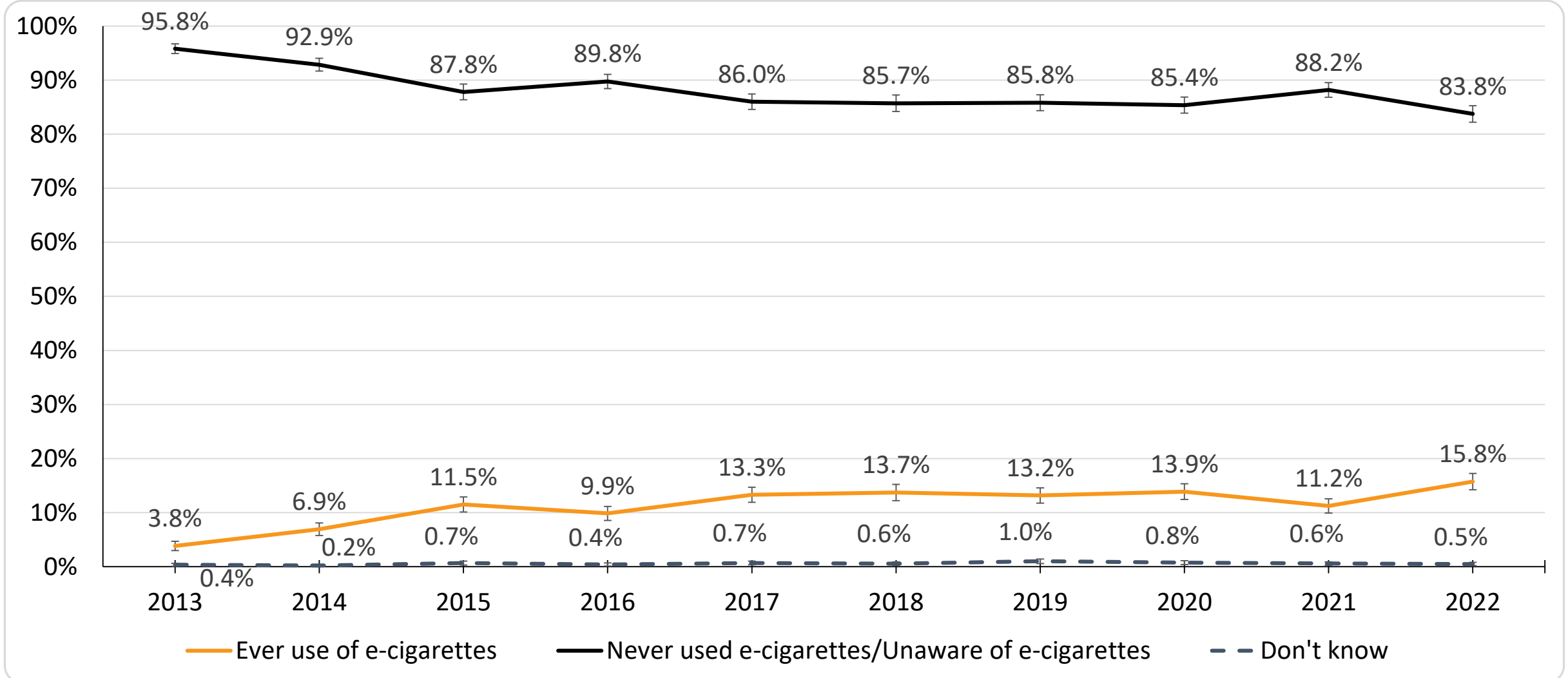
E-cigarette promotion

- Over half (56%) of 11-17 year olds reported being aware of e-cigarette promotion, most frequently in shops, or online (Tik Tok, then Instagram were the most frequently mentioned sources)

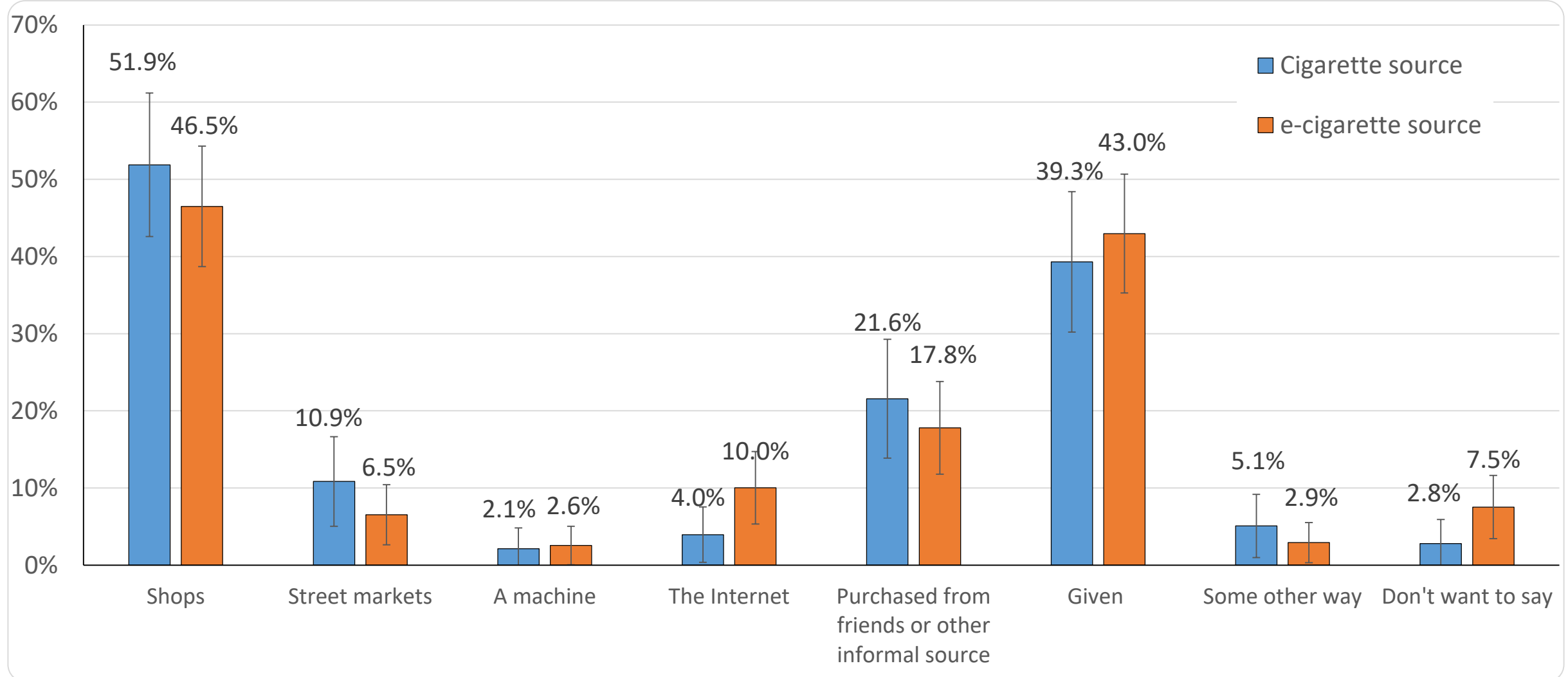
Policy and guidelines

- Under the [Nicotine Inhaling Products \(Age of Sale and Proxy Purchasing\) Regulations 2015](#), it is illegal to sell e-cigarette products to anyone under 18 or for adults to buy them on behalf of under-18s. Regulations limit their appeal by nicotine strength, refill bottle and tank sizes limits, labelling requirements and advertising restrictions. These include:
 - restrict e-cigarette tanks to a capacity of no more than 2ml
 - restrict the maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml
 - restrict e-liquids to a nicotine strength of no more than 20mg/ml
- [NICE Guideline \[NG 209\]](#) – Recommendations on preventing uptake including:
 - Helping retailers avoid illegal tobacco sales
 - Coordinated approach to school-based interventions
 - Whole-school or organisation-wide smokefree policies
 - Adult led interventions in schools
 - Pupil-led interventions in schools

Among 11-17 year olds in Great Britain, ever vaping increased significantly 2021-22



For 11-17 year olds in Great Britain, shops are still most common route of purchase for tobacco and vapes



NEWHAM'S SHEU SURVEY DATA (SPRING 2022)

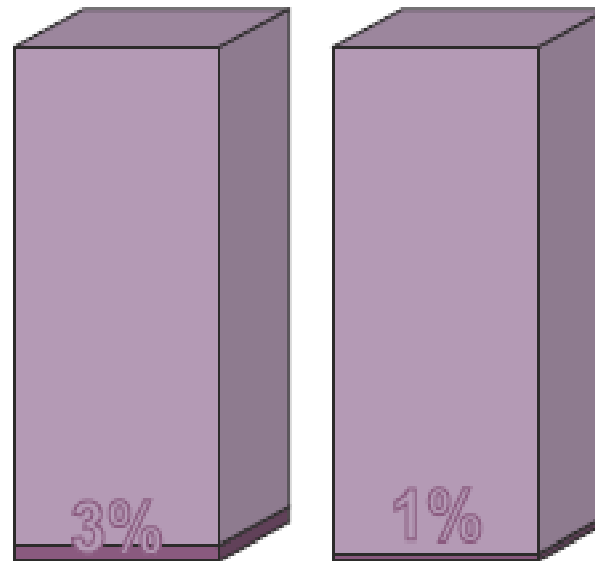
What is the SHEU survey?

The Schools Health Education Unit (SHEU) survey obtains pupils' views on aspects of health and wellbeing including: healthy eating; safety; emotional wellbeing and leisure time.

All Newham primary schools are invited and a total of 2536 pupils took part from 17 primary schools.

WE ARE NEWHAM.

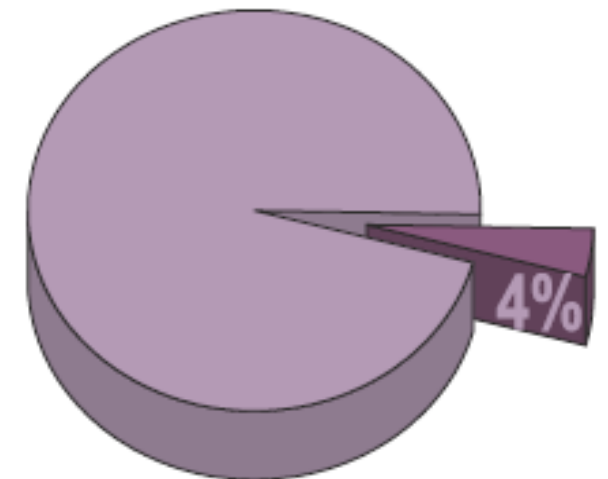
- ❑ **2% of Y6 pupils (n= 20/1014)** said they have smoked in the past or smoke now
- ❑ **0% of Y6 pupils** have smoked in the last 7 days



Year 6 Boys

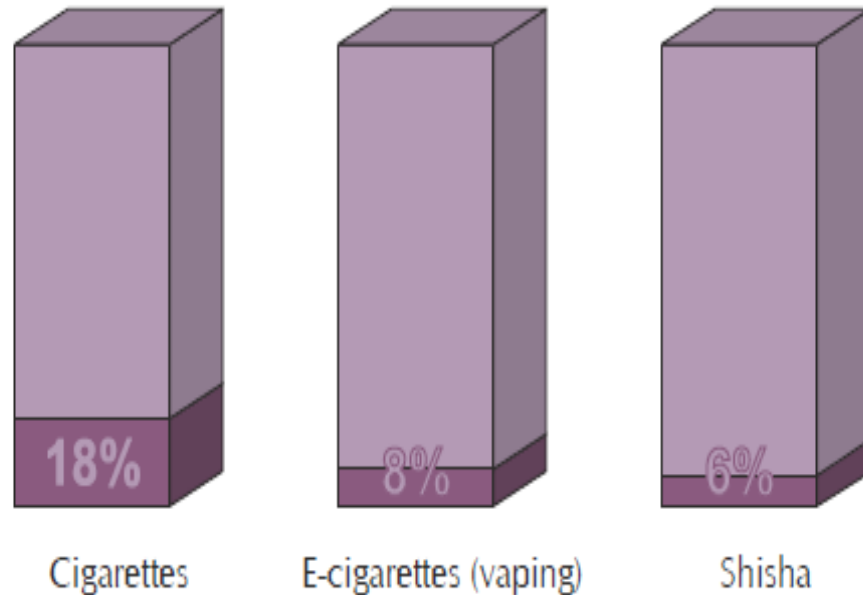
Year 6 Girls

- ❑ **1% of Year 6 pupils (n=10/1014)** said they have smoked shisha, while 3% said they 'don't know' if they have.
- ❑ **4% of Year 6 pupils (n= 40/1014)** (6% of boys and 2% girls) said they have at least tried e-cigarettes /vaping



SHEU SURVEY DATA – PASSIVE SMOKING

- ❑ **18% of pupils aged 8-11 yrs. old (n=456/2336)** said their parents/carers smoke cigarettes
- ❑ **8% (n=202/2336)** said their parents/carers smoke e-cigarettes
- ❑ **6% (n= 152/2336)** said their parents/carers smoke shisha



- ❑ **74% of pupils (n= 1876/2336)** said no-one ever smokes cigarettes at home
- ❑ **22% (n= 557/2336)** said smoking happens outside or on the doorstep only
- ❑ **5% (n= 127/2336)** said smoking happens in certain rooms only or **smokers can smoke anywhere**



*All pupils represents 8-11yrs. olds

Data Limitations

Data is limited in a number of areas and these are listed below. Part of the recommendations will be to encourage improved data collection in order to provide more detail and a better understanding of need and where gaps are.

- Attrition: GPs refer people to CGL however the number referred does not match the number seen, the question is what happens to these people and what more could be done to encourage them to attend appointments. Data for this area is not easily obtainable
- Primary care mortality data: Ethnicity is not recorded and so country of origin is used which is not as meaningful
- Family Support: Data on those not immediately affected by substance misuse, for example siblings of those affected, parents whose children are misusing, children whose parents are misusing, is difficult to find. This area of information is important for those “hidden harms” within the population and should therefore be a recommendation
- More extensive local data on vaping and e-cigarettes usage, with a focus on more concerning THC vaping.
- Qualitative data, especially for more granular analysis such as prison release populations, and hidden harm
- Data on illegal activity such as high strength alcohol – currently limited to occasional reports
- Hidden harms – limited quantitative and qualitative data on population not currently in treatment (existing data derived from estimates)

Acknowledgements



London Borough of Newham

Ajitha Sajeev	Dawn Henry	Lynne Crank
Alex Chidgey	Edward King	Lynne Kitson
Alison Matthews	Elizabeth Owen	Mahfuzul Khan
Andrew Drennan	Fiona Hackland	Michelle Edwards
Andrew Tonkin	Gemma Allen	Parag Manchanda
Ben Bezuidenhout	George McDougal	Raf Patel
Ben Ramsay	Jaffa Brown	Saleena Sreedharan
Beverley Luther	Jas Hothi	Sheila Roberts
Candida Thompson	Jo-Anne Perez	Simon Reid
Cassandra Beckford	Jonathan Cox	Simon Whitlock
Chris Sale	Jyoti Singh	Stephen Mulford
Daniel Parsonage	Kieran Scott	Tony Pape

HM Prison and Probation Service

Melissa Wilfred
Antony Rose

CGL

Michelle Brown
Sonia Mills
Lauren Mulligan

Public Health, Barts NHS Trust

Aidan Bohan-Avery
Katie Gallagher

Build on Belief

Tim Sampey

East London Foundation Trust

Michael Jones
Sian Bowl

NEL CSU

Maran Raju

London Ambulance Service

Lisa Wilkins

WE ARE NEWHAM.



Collated and presented by the Newham Public Health Intelligence Team

October 2022

With thanks to colleagues involved